RESOURCE AND PATIENT MANAGEMENT SYSTEM

GPRA+
Clinical Indicator Reporting System
For FY 2003 Clinical Indicators
(BGP)

User's Guide

Version 2.0
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Division of Information Resources
Albuquerque, New Mexico

PREFACE

This manual contains the user's guide for the GPRA+ Clinical Indicator Reporting System version 2.0, which includes FY03 clinical performance indicators.

The GPRA+ Clinical Indicator Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical GPRA and developmental indicators in a timely manner. GPRA+ was based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA indicators include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

Each year, an updated version of GPRA+ software will be released to reflect changes in the logic descriptions of the different denominators and numerators. Additional indicators may also be added. Local facilities can run reports as often as they want to and can also use GPRA+ to transmit data to their Area. The Area Office can use GPRA+ to produce an aggregated Area report.

The GPRA+ Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical indicator measures that are based on RPMS data. GPRA+ is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators. Administrative and clinical users will be able to review individual or all indicators at any time, and can:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data
- Identify specific areas where the facility is not meeting the indicator in order to initiate business process or other changes
- Quickly measure impact of process changes on indicators
- Identify areas meeting or exceeding indicators to provide lessons learned

To produce reports with comparable data across every facility, the GPRA indicator definition was "translated" into programming code with the assistance of clinical subject matter experts. GPRA+ uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the indicator criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each indicator has one or more denominators and numerators defined.

GPRA+ is intended for use as a key component for a facility's quality improvement initiatives by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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1.0   About This Manual

This manual provides user instructions for the GPRA+ Clinical Indicator Reporting System version 2.0 (FY03 Clinical Indicators).

The chapters included in the manual cover the main components of this system:

- System set up, including taxonomies and site parameters
- Using the three report options: local, annual Area performance, and annual GPRA reports
- Logic used and sample output for each individual indicator

2.0   Orientation

The following are some common terms and abbreviations used in this manual.

Active Clinical Patients: one of the two basic denominator definitions used by GPRA+. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.3 for detailed description of the denominator.

AI/AN: Abbreviation for American Indian and Alaska Natives.

Baseline Year: GPRA+ calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year. For Local reports, baseline is defined by the user at the time he or she runs the report. For GPRA and Area Performance reports, the Baseline Year is pre-defined as FY 2000, to be able to compare consistently with Healthy People 2000 performance.

CPT Codes: One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Denominator: The denominator for an indicator is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Indicators: For IHS, these are clinical performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured. In GPRA+, developmental indicators are identified by letter identifiers, e.g., A. Diabetes and Mental Health.

FY: Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

GPRA: Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Indicator: Performance measures specifically identified in the IHS Annual Performance Plan to Congress. For FY 2003, the IHS has 40 GPRA indicators in four main categories: Treatment (20), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (6). These indicators address the most significant health problems facing the AI/AN population.

GPRA Report (GPRA+): In GPRA+, the GPRA Report is a report that only includes clinical indicators from the IHS GPRA performance plan (no developmental indicators). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

GPRA Report to Congress: IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year.

GPRA+: GPRA+ Clinical Indicator Reporting System is a component of the RPMS (Resource and Patient Management System) software suite. GPRA+ provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.

Healthy People 2010 (HP 2010): HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS: Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

I/T/U: Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to, not just IHS direct sites.

ICD Codes: One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. GPRA+

searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Indicator: A performance measure. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans. An example of an indicator is: Maintain at the previous year's level the proportion of eligible women who have had a pap smear documented within the past three years.

Local Report (GPRA+): GPRA+ produces reports for each indicator (GPRA and developmental) that document the number of patients in the denominator and the numerator as well as the percentage of patients meeting the indicator. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.

Logic: The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.

LOINC: Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Numerator: The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.

Patient List: GPRA+ will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.

PIT (Performance Improvement Team): Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.

QI: Abbreviation for quality improvement.

Quarter Ending (for GPRA+ reports): Because all GPRA+ reports are based on a minimum of one year's data, GPRA+ provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a

standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30). See *section 5.1 Run Indicator Reports for Local Use (LOC).*

Report Period: GPRA+ reports analyze and report on a minimum of one year's data for all indicators. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting FY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period.

Taxonomy: Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much GPRA+ indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes.

User Population: GPRA+ uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.3 for detailed description of the two denominators.

3.0   Introduction

The GPRA+ Clinical Indicator Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical performance indicators in a timely manner.

Because definitions of clinical indicators can change every year, GPRA+ will be updated and released annually. The current version 2.0 includes FY03 clinical performance indicators. Version 1.0 GPRA+ FY02 continues to be available as a separate menu option from the main GPRA+ menu.

3.1   Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health indicators. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current Administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters staff.

3.1.1   What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilized limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The IHS, like all Federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. The current Administration is actively promoting agency accountability and is tying agency budgets to performance as one of five key initiatives within the President's Management Agenda (PMA).

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Plan.

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. The performance indicators address the most significant health problems facing the American Indian and Alaska Native

(AI/AN) population as identified by representatives of the local I/T/U programs as well as management areas of the President's Management Agenda. For FY 2003, the IHS has 40 GPRA indicators in four main categories: Treatment (20), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (6).

Indicators are further characterized by type.

Process Indicators	Activities and health services that contribute to reducing mortality and morbidity
	Examples – construction of clinics, identification of prevalence of disease, patient satisfaction surveys
Impact Indicators	Scientific evidenced-based link to improved health outcomes by reducing risk factor of mortality or morbidity
	Examples – immunizations, dental sealants, safe drinking water, cancer screenings
Outcome Indicators	Directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses
	Examples – reducing prevalence of obesity, diabetic complications, unintentional injury

All GPRA indicators are determined annually by the GPRA Coordinating committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss and edit or add indicators. For FY03, the Office of Management and Budget (OMB) has requested that IHS reduce process indicators and increase outcome indicators. Potential (developmental) indicators for emerging areas of clinical concern to IHS, such as HIV or cardiovascular disease prevention, are proposed, discussed and refined over several months and may change definition several times before being included as a formal GPRA indicator. One of the criteria for adding new indicators is that they are measurable; for clinical indicators, this means that performance data can be gathered by using RPMS data.

See *Appendix A: FY03 and FY04 GPRA Indicators with JCAHO Crosswalk* for a complete list of FY03 GPRA indicators. Further information about GPRA performance reporting, including results for FY 2001 and FY 2002 can be found at the following web site:
http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp.

3.1.2   Clinical Performance Indicators

Most of the 40 IHS GPRA indicators are clinical. Each indicator has one or more denominators and numerators defined. The denominator is the total population being

reviewed; the numerator is the number of patients from the denominator who meet the definition of the indicator.

The Treatment indicator category includes indicators covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment indicator is #2 Diabetes: Glycemic Control – during FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U clients with diagnosed diabetes (defined as Hemoglobin A1C value equal to or less than 7). The IHS FY 2001 rate was 30%; the Healthy People 2010 goal is 40% (see section 3.1.3 *Comparing Ourselves to National Clinical Guidelines*).

The Prevention category includes indicators covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention indicator is #25 Influenza Vaccine Rates – in FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. The IHS FY 2002 rate was 31%; the Healthy People 2010 goal is 90%.

Indicator example: GPRA Indicator # 7 Pap Smear Rates: Maintain the proportion of eligible women who have had a pap smear documented within the past three years at the FY 2002 rate.

The denominator is the total population that is being reviewed for a specific indicator. For Indicator #7 above, the denominator is all female patients ages 18 through 64. The numerator is the number of patients in the denominator who meet specific criteria. For indicator #7, the first numerator is the number of patients in the denominator who had a pap smear, defined by certain codes, any time in the three years prior to the end of the report period. The second numerator is the number of patients who refused to have a pap smear and their refusal was documented in RPMS.

In addition to formal GPRA indicators, several developmental indicators that address emerging healthcare issues within the IHS have been defined. For FY03, developmental indicators have been defined for HIV testing, domestic violence screening, cardiovascular disease prevention and treatment, asthma, and medications education.

Required performance reporting provides us with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate indicator results. By establishing a feedback loop of results evaluation and indicator refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical indicators mirror our key areas of concern for the AI/AN population and contribute to improving health of individuals as well as populations.

3.1.3   Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. In order to improve health status, the

I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome indicators that are used by others, such as HEDIS or Healthy People 2010, will help in this endeavor.

Healthy People 2010. HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 467 objectives in 28 focus areas, HP 2010 represents the ideas and expertise of individuals and organizations concerned about the Nation's health. Each objective, or indicator, was developed with a target to be achieved by the year 2010. HP 2010 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. Additional information about Healthy People 2010 can be found at http://www.health.gov/healthypeople

The Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention, per se, but it has evolved to be a de facto tool for measuring the quality of prevention services provided by a healthcare organization. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims possessing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality everywhere. Additional information about NCQA and HEDIS can be found at http://www.ncqa.org/index.htm.

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance indicators and set levels for performance. GPRA+ provides HP 2010 target information on the report for as many of the indicators included in GPRA+ as are available.

3.2   GPRA+ Overview

Collecting and reporting comparable data across all direct IHS, tribal and urban sites (I/T/Us), as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The GPRA+ Clinical Indicator Reporting system is a software tool that provides reports for local and Area use specifically on clinical performance indicators that are based on data from the IHS Resource and Patient Management System (RPMS). For

FY03, GPRA+ reports on 17 GPRA and 17 developmental indicators. Each indicator has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each indicator is described in section 7.0 Indicator Logic and Report and Patient List Formats.

3.2.1   How Does GPRA+ Work?

The GPRA+ produces on demand from local RPMS databases a printed or electronic report for any or all of 34 GPRA and developmental clinical indicator measures that are based on RPMS data. Reports display the total numbers in both the denominator (total patient population evaluated) and the numerator (patients who meet the indicator criteria) and the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY02 to the same indicator from GPRA+ FY03. The three time periods allow truly comparable data.

Users can also request patient lists for each of the measures, displaying patients who do and do not meet the indicator criteria.

A facility also can produce indicator data files for both GPRA and Annual Area Performance reports for transmission to the Area office where an Area-wide aggregate report can be generated. (See Section 5.0 *Reports and Patient Lists* for detailed descriptions of the different report types.) Area Performance Report data for each facility can also be viewed on the IHS intranet, through the Executive Information Support System (EISS).

Because GPRA indicators can change annually, GPRA+ will be updated and released annually to any changes. The current version 2.0 includes both FY03 and FY02 GPRA indicators.

The GPRA+ Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA and developmental indicators that are based on RPMS data. To produce reports with comparable data across every facility using GPRA+, the GPRA indicator definition must be *translated* into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the GPRA+ application programmer was developed in conjunction with various clinical subject matter experts for the different types of

indicators, i.e. the Diabetes Program reviewed and approved the logic for diabetes indicators.

GPRA+ has been described as a *scavenger hunt* for data, looking at as many RPMS applications and at as many fields as may be applicable to meet the indicator. To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard codesets (e.g. Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes. (See section 4.1 *Taxonomy Setup* for detailed information about taxonomies.) Facilities that develop and use their own codes for IHS-specific functions such as Health Factors and patient education will find that these entries will not count toward meeting the indicator.

3.2.2   Indicator Logic Example

The GPRA indicator example used in section 3.1.2 above was Indicator # 7 Pap Smear Rates: Maintain the proportion of eligible women who have had a pap smear documented within the past three years at the FY 2002 rate.

For GPRA+, the indicator definition becomes:

- Denominator (total number of patients evaluated): Females ages 18 through 64, excluding documented history of hysterectomy. (The clinical *owner* of the indicator has determined based on current medical guidelines that "eligible" women are defined as ages 18-64.)

- Numerator (those from the denominator who meet the criteria for the indicator): patients with documented pap smear or refusal in past three years; displays refusals separately.

For the programmer, indicator #7 is described in terms of the following logic:

Begin with the IHS User Population definition (see section 3.2.3 below) and find the subset of females aged 21 through 64 on the beginning day of the Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back 3 years for a test when a patient who is currently 21 would have been 18);

- Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.

- For this denominator, check for a pap smear in the following ways:
    1) V Lab is checked for a lab test called PAP SMEAR.
    2) Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX.

3) Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION.

4) Procedures are checked for a procedure of 91.46.

5) V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.

6) The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see section 7.0 *Indicator Logic and Report and Patient Lists Formats*.

3.2.3   GPRA+ Denominator Definitions

Each indicator has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. Traditionally, GPRA indicators have used the standard IHS User Population definition to define the denominator for most GPRA clinical indicators.

IHS User Population is defined as:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.

- Must reside in a community specified in the community taxonomy specified by the user.

- Must be alive during the entire time frame.

- Must have been seen at least once in the 3 years prior to the end of the time period, regardless of the clinic type.

In FY 2003, a second denominator was developed specifically for clinical indicators that was felt to be more representative of the active clinical population.

Active Clinical population is defined as:

- First three definitions from IHS User Population, and

- Must have *two* visits to medical clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
02	Cardiac	31	Hypertension
06	Diabetic	28	Family, Practice
10	GYN	70	Women's Health
12	Immunization	80	Urgent Care
13	Internal Medicine	89	Evening
20	Pediatrics		

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

03	Chest And TB	32	Postpartum
05	Dermatology	37	Neurology
07	ENT	38	Rheumatology
08	Family Planning	49	Nephrology
16	Obstetrics	50	Chronic Disease
19	Orthopedic	69	Endocrinology
23	Surgical	75	Urology
25	Other	81	Men's Health Screening
26	High Risk	85	Teen Clinic
27	General Preventive	88	Sports Medicine

GPRA+ uses different denominators depending on the report type (see Section *5.0 Reports and Patient Lists* for definitions of the different report types).

Report Type	Denominator Definition
Local	• IHS User Population • Active Clinical population • Indicator-specific definition (some indicators)
GPRA Report	• IHS User Population or indicator-specific definition, if available
Annual Area Performance Report	• Active Clinical

3.2.4   GPRA+ Report Time Periods

Three time periods are displayed for each indicator.

- **Current** or **Report** period: a time period entered by the user.
- **Previous Year** period: same time period as Report period for the previous year.
- **Baseline (Base)** period: same time period as Report period, for any year specified by the user for Local reports and for FY 2000 for GPRA and Annual Area reports.

The data for the Report period is compared to the Previous Year and the Base periods. The percentage of change between Report and Previous Year and Report and Base periods is calculated.

The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY02 to the same indicator from GPRA+ FY03. The three time periods allow truly comparable data.

The 34 indicators included in GPRA+ are shown in the table in the following section.

3.3   FY03 Clinical Indicators Included in GPRA+

The indicators reported by GPRA+ include both formal IHS GPRA indicators (identified by numbers, e.g., 1) that the agency is currently reporting to Congress, and developmental indicators (identified by letters, e.g., A) that are being evaluated as future GPRA measures. GPRA+ only includes clinical performance indicators that depend on RPMS data.

See *section 7.0 Indicator Logic and Reports and Patient Lists Formats* for detailed descriptions of the indicator logic, including specific codes and taxonomies used, and formats for each report and patient list.

GPRA+ FY03 Software Update
Indicator List and Definitions, as of March 20, 2003

NOTE: For GPRA+ FY03 v.2.0, the following indicators will be included: all GPRA indicators #s 1-31 and developmental indicator #s A, B, C-1, C-2, D and H. The balance of the developmental indicators will be included in release v. 2.1.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
1A & B	1	Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	Same as FY02. Numerator 1: anyone diagnosed with diabetes (POV 250.00-250.93) ever. Numerator 2: anyone diagnosed with diabetes in the year prior to the end of the Report period. Patient List: all patients diagnosed with Diabetes
2A-C	2	Diabetes: Glycemic Control Diabetes Program/ Dr. Charlton Wilson	Minor changes from FY02 numerators. Four denominators; key denominator for all reports is Denominator #3: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerators: 1) HgbA1C documented in past year; 2) HgbA1C <= 7 or mean of last 3 glucose values <= 150; 3) HgbA1C > (greater than) 9.5 or mean of last 3 glucose values => 225; 4) undetermined HgbA1C. Patient List: all patients diagnosed with Diabetes, with date and value of HgbA1C or Glucose, if any

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
3A-C	3	Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	Minor changes from FY02 to Numerators 1 and 2. Four denominators (see #2 above). Numerators: 1) Controlled BP, =< 130/80; 2) Not controlled; 3) Undetermined BP, less than 2 non ER BPs documented in past year. Patient List: all patients diagnosed with Diabetes, with mean BP value if any.
4A-C	4	Diabetes: Dyslipidemia Assessment Diabetes Program/ Dr. Charlton Wilson	Minor changes from FY02, reduce numerators to three total. Four denominators (see #2 above). Numerators: 1) evidence of having a Lipid Profile OR having an LDL and HDL and TG (all three), regardless of result; 2) patients with LDL completed, regardless of result; 3) patients with LDL <= 100. Patient List: all patients diagnosed with Diabetes, with date of tests and LDL value, if any.
5A-C	5	Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	Same as FY02. Four denominators (see #2 above). Numerator: Microalbumunuria test, regardless of result, OR a positive urine protein test done in past year. Patient List: all patients diagnosed with Diabetes, with date of tests and value, if any.
D	6	Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	Four denominators (see #2 above). Numerator: Patients receiving retinal screening in the year prior to the end of the Report period, defined as: Non-DNKA visits to ophthalmology, optometry, or tele-ophthalmology, retinal screening clinics, and visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: V Exam 03; clinic codes 17, 18, 64, A2; provider codes 24, 79, 08; CPT 92250; CPT 92002, 92004, 92250, 92012, 92014, 92015 Patient List: all patients diagnosed with Diabetes, with date of screening and code, if any.
6B	7	Women's Health: Pap Smear Rates Epi Program/ Dr. Nathaniel Cobb	Change in age range for denominator from FY02. Females ages 18 through 64, excluding documented history of hysterectomy. Numerator: patients with documented pap smear or refusal in past three years; also breaks out refusals separately. Patient List: all patients in the denominator, with date and code of test, if any.
7	8	Women's Health: Mammogram Rates Epi Program/ Dr. Nathaniel Cobb	Change in age range for denominator from FY02. Females ages 50 through 69, excluding documented bilateral mastectomy. Numerator: patients with documented mammogram or refusal in past two years; also breaks out refusals separately. Patient List: patients in the denominator, with date and code of procedure, if any.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
12	13	Oral Health – Access to Dental Service Dental Program/ Dr. Patrick Blahut	Change from FY02, add additional ADA code to numerator. GPRA User Population denominator only. Numerator: patients with dental ADA code 0000 or 0190 in the previous year. Patient List: patients with documented dental visit only, with date and code.
13	14	Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut	Count only (no percentage comparison to denominator). Total number of dental sealants (code 1351) during previous year. Age breakouts: <12; 12-18; >18. Patient List: patients who had sealants and the number of sealants received
14	15	Oral Health – Improve Oral Health Status of patients with Diabetes. Dental Program/ Dr. Patrick Blahut	Change from FY02, add ADA code to numerator. Denominator: Active diabetic patients, defined as: all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with dental ADA code 0000 or 0190 in the previous year. Patient List: all diabetic patients, with date of dental visit and code, if any.
22	23	Public Health Nursing Barbara Fine	Similar to FY02, but no top diagnoses included. Denominator 1: GPRA User population Numerator 1: Number of patients served by PHNs in any setting Denominator 2: Number of PHN visits in any setting Denominator 2A: Number of PHN Home visits Numerators: neonates (0-28 days) ; infants (1-12 months); 1-64 years; elders (>64). Patient List: any patient who received any PHN visit.
24	25	Adult Immunizations: Influenza Epi Program/ Dr. Amy Groom	Separate FY02 indicator #24 into two indicators. Age changes to Denominators. Denominator 1: patients 50 or older; broken out into 50-64, and >64 (for GPRA report, will report >64 only). Denominator 2: Active diabetic patients, defined as: all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with influenza vaccine documented in past year. Immunization code 88 or 12; POV V04.8 or V06.6; CPT 90657-90660; ICD procedure 99.52 Patient List: patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
24	26	Adult Immunizations: Pneumococcal Epi Program/ Dr. Amy Groom	Separate FY02 indicator #24 into two indicators. Age changes to Denominators. Denominator 1: patients 65 or older. Denominator 2: Active Diabetic patients, defined as: all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with pneumovax documented in past year. Immunization code 33, 100 or 19; POV V06.06 or V03.82; CPT 90732 Patient List: patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.
	30-1	Cardiovascular Disease Prevention: Lipids Assessment Mary Wachacha/ Dr. James Galloway	New indicator. Denominator 1: patients ages 45 and older who are not diabetic. Denominator 2: Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Broken down by gender. Numerators: 1) evidence of having a Lipid Profile OR having an LDL and HDL and TG (all three), regardless of result; 2) patients with LDL <= 100; 3) patients with LDL 101-130; 4) patients with LDL 131-160; 5) patients with LDL >160. Patient List: patients ages 45 or older, with date of relevant tests and LDL value, if any.
	30-2	Cardiovascular Disease Prevention: Hypertension Levels Mary Wachacha/ Dr. James Galloway	New indicator. Denominator 1: patients ages 45 and older who are not diabetic. Denominator 2: Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.. Broken down by gender. Numerators: 1) patients with optimal BP, =< 130/80; 2) controlled BP, >130/80 and <= 139/90; 3) uncontrolled BP, >139/90 and <= 159/100; 4) severe uncontrolled BP, >159/100; and 5) undetermined BP. Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Report period. Undetermined is defined as less than 2 BPs. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is _**least**_ controlled determines the category. Patient List: patients ages 45 or older, with mean BP value, if any.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
29	31	Obesity Prevention and Treatment Nutrition Program/ Jean Charles-Azure	Minor change from FY02, to break out overweight from obese. Denominator: patients ages 2 and older, broken down into gender and age groups: 2-5; 6-11; 12-19; 20-24; 25-34; 35-44; 45-54; 55-74; >74. Numerators: 1) all patients for whom BMI can be calculated; 2) patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables; 3) patients considered obese, adults BMI =>30, age 18 and under based on standard tables; 4) total overweight and obese Calculates BMI using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day. Patient List: patients for whom a BMI could NOT be calculated.
A	A	Diabetes and Mental Health Diabetes Program/ Dr. Charlton Wilson	Same as FY02. Denominator: Active Adult diabetics, defined as: all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with a diagnosis of depressive disorders (at least 2 visits with POV 296.0-313.1) in the past year. Patient List: Active Adult Diabetic patients with date and code of recent depressive diagnosis, if any.
B	B	Colorectal Cancer Screening	Minor age change to denominator from FY02. Patients ages 49 and older, broken out by gender. Numerator 1: patients with any of the following: a Fecal Occult Blood test or Rectal Exam in the year prior to the end of the Report period; flexible sigmoidoscopy or double contrast barium enema in the last 5 years; colonoscopy in the last 10 years; recorded refusal of a rectal in the previous year. Numerator 2 (subset of 1): patients who have had a Fecal Occult Blood test or Rectal Exam in the year prior to the end of the Report period Patient List: patients ages 51 and older, with date and code of any related test or procedure, if any.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
C	C-1	Patient Education: Diet and Exercise Patient Education Program/ Mary Wachacha	Minor changes from FY02, break out diet education from exercise education. Denominator 1: All patients. Denominator 2: Active Diabetic patients ages 6 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever Denominators broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, 60 and older. Numerators: 1) patients provided exercise education (any patient education code ending "-EX" or "-LA" or containing "OBS-"; 2) diet education (any patient education code ending "-N" or "-LA" or containing "OBS-". Patient List: patients in the numerator, with date and PFE codes.
	C-2	Patient Education: Medications Patient Education Program/ Mary Wachacha	New indicator. Denominator: All patients who received Medications dispensed at their facility during the Report period (any entry in VMed). Numerator: patient education code of "M-I" (medication information); "M-DI" (Drug interaction); "M-FU" (Medication follow up); "M-L" (Medication patient information literature) or any PE code containing "-M". Patient List: patients in the denominator, with date and PFE codes, if any.
	D	Cholesterol Screening	New indicator. Denominator: Patients ages 18 through 65; break out by gender. Numerator: Any patient with evidence of having a cholesterol screening (based on taxonomy) during the past five years, regardless of result. Site defined taxonomies; POV V77.91; CPTs 80061, 82465 Patient List: patients in the denominator, with date and test, if any.
	E-1	HIV Quality of Care Dr. Charlton Wilson	New indicator. Denominator: patients 13 and older with at least 2 visits within the service area within last year with HIV diagnosis AND 1 HIV visit in last 6 months (POV codes 042.0-044.9, V08, or 795.71). Break out by gender. Numerators: Patients who received CD4 only (CPT 86361), PCR viral load only (CPT 87536, 87539), and both. Also uses site defined taxonomies Patient list: None

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
	E-2	Prenatal HIV Testing and Education Dr. Charlton Wilson	New indicator. Denominator: female patients ages 18-40 with no recorded HIV diagnosis in POV or problem list and with at least two prenatal visits during the previous year, one of which must be the first prenatal visit (V22.0). Numerators: 1) received HIV test during prior year, including refusals (site defined taxonomy, to include antibody 86689, 86701-86703; confirmatory test 86689; antigen 87390, 87391; 2) refusals only (subset of 1); and 3) receiving any HIV education (patient education codes containing "HIV-" or containing HIV diagnosis 042.0-044.9, V08, 795.71). Patient List: Women not screened.
	F	Domestic Violence Screening Dr. Theresa Cullen/ Denise Grenier	New indicator. Denominator: Female patients ages 25 to 40 at beginning of Report period. Numerator: patients screened for domestic violence, using health factors or any patient education codes containing "DV-." Patient List: Women not screened.
	G	Alcohol Screening (FAS Prevention) Indicator	New indicator. Denominator: Female patients ages 25-40 at beginning of Report period. Numerator: patients screened for alcohol using Health Factors (CAGE). Patient List: Women not screened
30	H	Tobacco Use and Exposure to second hand smoke: Screening and Education	Changes from FY02, added patient education to numerators. Denominator 1: all patients ages 5 and older, broken down by gender and age group: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older. Denominator 2: Pregnant women 18-49. Numerators: 1) patients screened for tobacco use in past year with health factors; 2) patients identified in past year as current tobacco users, by health factors or diagnoses (305.1* or V15.82); further broken out into smokers and smokeless tobacco users; 3) current tobacco users who have received tobacco cessation counseling in past year (patient education codes TO-QU, TO-LA or clinic code 94); 4) patients exposed to ETS, identified by health factor. Patient List: patients with any tobacco health factor or diagnosis
	I	Asthma	New indicator. Denominator: All patients, broken out by age groups: <5, 5-64; >64. Numerators: 1) diagnosed with asthma (493.*) and at least 2 asthma-related visits in past year; and 2) hospital visits for Asthma (admission diagnosis 493.*). Patient List: patients in the numerator.

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
	J-1	Cardiovascular Disease: Lipids Assessment Dr. James Galloway	New indicator. Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9). Break down by gender Numerators: 1) Number of patients with a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three), whether or not the test had a valid result; 2) LDL <= 100; 3) LDL 101-130; 4) LDL 131-160; 5) LDL >160. Patient List: patients in the denominator with test and LDL data, if any.
	J-2	Cardiovascular Disease: Hypertension Assessment Dr. James Galloway	New indicator. Denominator: same as J-1. Breakdown by gender. Numerators: 1) patients with optimal BP, =< 130/80; 2) controlled BP, >130/80 and <= 139/90; 3) uncontrolled BP, >139/90 and <= 159/100; 4) severe uncontrolled BP, >159/100; and 5) undetermined BP Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Report period. Undetermined is defined as less than 2 BP. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is _**least**_ controlled determines the category. Patient List: patients in the denominator with BP value, if any.
	J-3	Cardiovascular Disease: Tobacco Use Dr. James Galloway	New indicator. Denominator: same as J-1. Breakdown by gender. Numerators: 1) Patients who have been _screened_ for tobacco use in past year, determined by any tobacco health factor, ICD 305.1 or V15.82; 2) patients documented as tobacco users; 3) patients counseled on tobacco cessation, determined by patient ed codes; 4) patients in tobacco cessation programs (clinic code 94); and 5) patients documented as having quit, using health factors Patient List: patients in the denominator and tobacco health factor or diagnosis, if any.
	J-4	Cardiovascular Disease: Obesity Dr. James Galloway	New indicator. Denominator: same as J-1. Breakdown by gender. Numerators: 1) patients for whom a BMI could be calculated; 2) considered obese, BMI =>30; total overweight (including obese), BMI => 25 Patient List: patients in the denominator and BMI value, if any

FY02 #	FY03 #	Indicator Name and Owner/Contact	General Definition and Logic Overview
	J-5	Cardiovascular Disease: Exercise Education Dr. James Galloway	New indicator. Denominator: same as J-1. Breakdown by gender. Numerator: patients who are provided patient education about exercise during past year, determined by any Patient Ed code containing "-EX." Patient List: patients in the denominator and exercise education code and date, if any.
	J-6	Cardiovascular Disease and Mental Health Dr. James Galloway	New indicator. Denominator: same as J-1. Breakdown by gender. Numerator: at least two visits with depression diagnosis (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period. Patient List: patients in the denominator and date and code of depressive diagnosis, if any.

3.4   Key Changes from GPRA+ FY02 to FY03

Three types of reports are included in GPRA+ FY03, rather than just one report for FY02.

- **Local***: for all GPRA and developmental indicators, will display BOTH GPRA User Population and Active Clinical Population denominators, in addition to any indicator-specific denominators; will display *all* numerators, including any breakdowns by gender and age where defined.

- **GPRA**: for any indicator defined in the GPRA Performance Plan, will display either GPRA User Population or indicator-specific denominator and any numerator specifically defined.

- **Area Annual Performance**:   for all GPRA and many developmental indicators, will display Active Clinical Population denominator and most numerators.

Both the GPRA and Area Annual Performance report data files can be exported to the Area and aggregated for an Area report.

Patient list options have been expanded from displaying all patients to include

- lists by primary care provider, and

- random patient lists (every 10th patient)

The Area Performance report export option includes creation of a data file that can be read by and displayed through the Executive Information Support System (EISS) on the IHS intranet. EISS will allow specified facility and Area users to view graphs of comparisons of facility data within their Areas.

An option has been added to "print" the local report to a delimited format that can be easily imported into Excel or Word, for those sites that want to rearrange and manipulate raw report data. See Appendix B: Working with Delimited Files for additional information.

The change in percents between the Current Report period and either the Previous Year or the Baseline periods is now calculated as the absolute difference between the two percents. E.g., [Report Period %] minus [Base Period %] = Change. GPRA+ FY02 calculated this as a percent change.

4.0   System Setup

This section will describe the steps that need to be followed to set up and use all taxonomies and site parameters needed for the GPRA+ program.

Menu options to perform both activities are located under the Setup option on the main GPRA+ FY03 menu.

```
              *******************************************************
              **                      GPRA+ FY03                  **
              **  Clinic Performance Indicator Reporting System   **
              *******************************************************
                              Version 2.0

                                DEMO SITE


   RPT      Reports ...
   SET      System Setup ...
   AR       Area Options ...


Select GPRA+ FY03 Option: SET  System Setup
```
Figure 4-1: Accessing the System Setup menu

The System Setup menu will be displayed (Figure 4-2).

```
                          **********************
                          **     GPRA+ FY03   **
                          **     Setup Menu    **
                          **********************
                              Version 2.0

                                DEMO SITE


   TXCH     Check for Taxonomies Required by the GPRA Report
   TAX      Taxonomy Setup
   SP       Site Parameters

Select System Setup Option:
```
Figure 4-2: Using the System Setup menu.

4.1   Taxonomy Check and Setup

Taxonomies are used to find data items in PCC in order to determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes.

Several taxonomies must be populated with facility-defined values for GPRA+ software to work properly. Many of these taxonomies may already be in use at your facility for the Diabetes Management Audit.

New taxonomies specific to the GPRA+ software are created when the software is installed, but they are not populated with any data. The required taxonomies may be populated with the Taxonomy Setup option or by using QMan.

4.1.1   What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria.

For data elements like diagnoses and procedures, the taxonomy simply identifies the codes that a program should look for.

For other types of data elements, including medications and lab tests, taxonomies are used to mitigate the variations in terminology that exist in RPMS tables from one facility to another.

For example, one site's Lab table might contain the term Glucose Test while another site's table may contain the term Glucose for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a specific taxonomy name that has been standardized at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use the "DM Audit Glucose Tests Taxonomy." The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Codes and terms contained in a taxonomy are referred to as members of the taxonomy.

4.1.2   Community Taxonomy

The Community taxonomy is used to define the range of community names where your facility's patients reside to be included in your reports. Your facility most likely already has one or more Community taxonomies set up for use with other RPMS applications. For local reports, individuals may want to run reports for selected indicators for a specific subset of the population.

For the GPRA and Annual Area Performance reports (see section 5.3 for report definitions), a Community taxonomy should be used that includes all communities served by the facility.

The community taxonomy must be set up using QMan. Below is a sample of creating this taxonomy. If you don't have access to QMan, see your RPMS site manager.

1. Choose the QMan menu option from the main menu.

2. Type Living Patients at the "What is the subject of your search?" prompt.

3. Type Community at the "Attribute of Living Patients:" prompt and press the Enter key.

4. Type the name(s) of the community/communities of interest at the "Enter Community:" and "Enter Another Community:" prompt. When you are finished, press the Enter key at a blank "Enter Another Community:" prompt.

5. Type Y at the "Want to save this community group for future use?" prompt.

6. Type a name for the taxonomy at the "Group Name:" prompt.

7. Verify your group name and type Y or N at the "Are you adding [group name]' as a new Taxonomy (the ###TH)? No//" prompt.

8. Type a short description of the taxonomy (if desired) at the "Taxonomy Brief Description:" prompt.

9. Type Y or N at the "Edit?" prompt. Type Y if you wish to edit the extended description for the taxonomy.

10. You will be returned to the QMan main menu. To exit that menu, type 0 (zero) at the prompt.

```
What is the subject of your search?  LIVING PATIENTS //  LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]

Attribute of LIVING PATIENTS: COMMUNITY [ENT]

Enter COMMUNITY: TUCSON            PIMA     ARIZONA     077     0410077
Enter ANOTHER COMMUNITY: SELLS            PIMA     ARIZONA     067     0410067
Enter ANOTHER COMMUNITY: SAN XAVIER        PIMA     ARIZONA     065     0410065
Enter ANOTHER COMMUNITY:  [ENT]

The following have been selected =>

     SAN XAVIER
     SELLS
     TUCSON

Want to save this COMMUNITY group for future use? No// Y  (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
  Are you adding 'CMI GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 718TH)? No// Y  (Yes)

   TAXONOMY BRIEF DESCRIPTION: [ENT]
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No [ENT]
Computing Search Efficiency Rating.........................................
.........

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]
      CURRENT COMMUNITY (SAN XAVIER/SELLS...)   [SER = 3.55]
```

Figure 4-3: Setting Up Community Taxonomy Through QMan

4.1.3   Clinical Taxonomies Used by GPRA+

The site's GPRA+ Implementation Team will need to review the taxonomies and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist.

Detailed instructions on how to set up and check these taxonomies are included following the chart.

Taxonomy Name	Description	Members	Indicators Used with
BGP GPRA FOB TESTS	Contains all Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood	B
To be included in v. 2.1 BGP GPRA CD4 TESTS (New for FY03)	Contains all CD4 Lab Tests		E-1
To be included in v. 2.1 BGP GPRA PCR TESTS (New for FY03)	Contains all PCR viral load tests		E-1

Taxonomy Name	Description	Members	Indicators Used with
To be included in v. 2.1 BGP GPRA HIV TESTS (New for FY03)	Contains all HIV tests		E-2
DM AUDIT CHOLESTEROL TAX	Contains all Total Cholesterol Tests		D
DM AUDIT CREATININE TAX	Contains all Creatinine Tests		Denominat or 4 for all Diabetes indicators
DM AUDIT GLUCOSE TESTS TAX	Contains all Glucose Lab Tests	Glucose, Fasting Glucose, 4Hr, 2Hr, GTT, Finger Stick, Whole Blood Glucose, Blood Sugar, Capillary Glucose, Accucheck, Lifescan	2
DM AUDIT HDL TAX	Contains all HDL Lab Tests	HDL	4, 30-1, J-1
DM AUDIT HGB A1C TAX	Contains all HGB A1C lab tests.	Hgb A1C, A1C Hemoglobin A1C Glycosolated Hgb	2
DM AUDIT LDL CHOLESTEROL TAX	Contains all LDL Cholesterol Lab Tests	LDL	4, 30-1, D, J-1
DM AUDIT LIPID PROFILE TAX	Contains all Lipid Profile Lab Tests	Lipid Profile	4, 30-1, D, J-1
DM AUDIT MICROALBUMINURI A TAX	Contains all Microalbuminuria Lab Tests.	Microalbumunia Micral Microalbumunia, Urine A/C Ratio AC Ratio ACR Microalbumin/Creat inine Ratio Microalbumin Random	5
DM AUDIT TRIGLYCERIDE TAX	Contains all Triglyceride Lab Tests	Triglyceride	4, 30-1, J-1
DM AUDIT URINE PROTEIN TAX	Contains all Urine Protein Lab Tests.	Urine Protein Urine Protein Screen	5

4.1.4   Check for Taxonomies Needed for GPRA+ (TXCH)

This menu option scans for missing taxonomies or those that have no entries.

1. Type TXCH at the "Select System Setup Option:" prompt. If this is the first type the software is being used, the screen will display `The following taxonomies are missing or have no entries:`.

2. Press the Enter key at the "Enter Return to Continue:" prompt. The name of any taxonomy that is either missing or that has no members should be displayed. The first time GPRA+ FY03 is used, expect to see a list of those taxonomies that are new to the FY03 software, because they will have no members.

You will run this option again when taxonomy setup has been completed to ensure that all taxonomies have entries.

3. Review the list of taxonomies that either need to be setup or populated.

> **NOTE**: Many of the taxonomies used by GPRA+ have already been established and populated, either by other RPMS applications (e.g., Diabetes Audit) or by GPRA+ FY02. These taxonomies should **all be reviewed** for completeness.

If your taxonomies have all been setup, the message `All taxonomies are present` will appear on the screen.

4. The system will return you to the main setup menu.

4.1.5   Taxonomy Setup (TAX)

Taxonomy Setup (TAX) is a menu option that transfers the user to the RPMS Taxonomy Setup software. Taxonomy Setup allows you to review, add to or edit members in the required taxonomies used in any RPMS software, including GPRA+. All taxonomies should be present after GPRA+ FY03 is loaded, even if the taxonomy has no members yet.

> **NOTE**: ALL taxonomies should be reviewed for completeness before running the first GPRA+ report.

1. Type TAX at the "Select System Setup Option:" prompt. Two options appear.

2. Type 1 Diabetes Mgt or 2 Other, depending on the taxonomy you want to work with.

> **NOTE:** On the list of taxonomies used by GPRA+ FY03 in section 3.1.2, any taxonomy name that starts with "DM AUDIT…" can be located in 1. Diabetes Mgt System Taxonomies.

3. Continue to select the appropriate taxonomy category(ies). Most taxonomies for GPRA+ are Lab Taxonomies (type 2 Other and then 1 Lab).

> **NOTE:** Lab test taxonomies can be slightly more complex than the others. It is recommended that you ask for assistance from a medical technologist who is familiar with the lab test database at your facility.

```
                       RPMS PATIENT CARE COMPONENT
                          TAXONOMY MANAGEMENT

     Select one of the following:

          1            Diabetes Mgt System Taxonomies
          2            Other Taxonomies

Which one: 2  Other Taxonomies
```
Figure 4-4: Selecting Taxonomy Type

4. Type 1 Edit Existing Taxonomy to edit a taxonomy.

5. Type the name of the lab test taxonomy you want to review.

    Type ?? to view the existing list of lab tests.

    For the example demonstrated in the following figures, type DM AUDIT GLUCOSE TESTS TAX. For this example, there are no lab tests currently included in the taxonomy.

```
Select one of the following:

          1            Lab Taxonomies
          2            All Other Taxonomies

Which type of Taxonomy: 1  Lab Taxonomies

     Select one of the following:

          1            Edit Existing Taxonomy
          2            Add NEW Taxonomy

Which option: 1  Edit Existing Taxonomy

Name of Taxonomy: DM AUDIT GLUCOSE TESTS TAX
```
Figure 4-5: Edit Taxonomies (steps 2-5)

6. Type 3 ADD Lab Test.

```
Lab Taxonomy              Mar 31, 2000 11:20:16         Page: 1 of 1
     DM AUDIT GLUCOSE TESTS TAX
     No. Lab                                Site/Specimen
     --- ---------------------------  --------------




----------'-' Previous Page  'QU' Quit  ?? for More
1    MODIFY Taxonomy Info 3    ADD Lab Test
2    EDIT Lab Test        4    DELETE Lab Test
Select ACTION: Quit// 3   ADD Lab Test
```
Figure 4-6: Adding Items to Lab Test Taxonomies (step 6)

7. Type GLUCOSE at the "Which Lab Test:" prompt. Several types of lab tests specific to your site will appear.

8. Type the number of the test you want to add.

9. At the "Select Site/Specimen:" prompt, press the Enter key to bypass the prompt.

> **NOTE:** Depending on testing methodologies for various lab tests, the same test may be performed on more than one specimen type. Working with a medical technologist familiar with the lab test database will assist you in determining whether a value needs to be entered at the "Select Site/Specimen:" prompt.

```
Select lab tests to add.

Which LAB TEST: GLUCOSE
     1    GLUCOSE
     2    GLUCOSE  FASTING GLUCOSE
     3    GLUCOSE  GLUCOSE,FLUID
     4    GLUCOSE  2HR PP GLUCOSE
     5    GLUCOSE, FINGER STICK  GLUCOSE,BLOOD
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
     6    GLUCOSE,CSF
     7    GLUCOSE,PEDIATRIC GTT  PEDIATRIC GTT
CHOOSE 1-7: 1  GLUCOSE
Select SITE/SPECIMEN:

Lab tests currently in this taxonomy:
GLUCOSE,BLOOD
GLUCOSE

Select lab tests to add.
CHOOSE 1-5: 2  FASTING GLUCOSE
Select SITE/SPECIMEN: [ENT]
```
Figure 4-7: Adding Items to Lab Test Taxonomies (steps 7-9)

10. When all tests have been added to the taxonomy, press the Enter key when prompted for another lab test. You will be returned to the display screen.

11. If all tests are displayed correctly, press the Enter key to exit and save that Taxonomy at the "Select Item(s): Quit//" prompt.

```
Lab Taxonomy         Jun 10, 2002 15:00:23        Page:    1 of    1
    DM AUDIT GLUCOSE TESTS TAX
    No. Lab                            Site/Specimen
    --- ---------------------------- --------------
    1   GLUCOSE,BLOOD
    2   GLUCOSE
    3   FASTING GLUCOSE



----------'-' Previous Page  'QU' Quit  ?? for More Actions------------------
1    MODIFY Taxonomy Info 3   ADD Lab Test
2    EDIT Lab Test        4   DELETE Lab Test
Select ACTION: Quit// [ENT]
```
Figure 4-8: Adding Items to Lab Test Taxonomies (step 10-11)

12. Once you are finished adding, editing, or removing taxonomy members from ALL taxonomies, select TXCH menu option to perform the final check for taxonomies needed for GPRA+.

4.1.6   Using QMan to Populate a Taxonomy

QMan is the RPMS query utility. QMan builds queries through a series of elements. The QMan User Manual provides detailed and easy-to-follow instructions for constructing queries. The Manual can be downloaded from the RPMS web site: www.ihs.gov/CIO/RPMS/appsactiondoc.cfm.

> **Note**: You will need to work with your Site Manager or other information systems staff to use QMan to set up your taxonomies, because only the taxonomy "creator" (i.e., the person that installed the GPRA+ FY03 software) can modify the taxonomy in QMan.

4.2   Site Parameters

The Site Parameters menu option allows you to set certain values that are used often by GPRA+ so that users don't have to enter them each time they run a report. The available parameter options are:

- **Facility location:** defines your location.
- **Definition of Home:** this is used by Indicator 23 Public Health Nursing to identify PHN visits in a Home location, in addition to looking for clinic code 11.
- **Area Export:** type No if your facility chooses to not export the GPRA Report or the Area Annual Performance report to your Area office for an Area-aggregate report.
- **EISS Export:** type No if your facility chooses to not export its Area Annual Performance data for display on the web.

1. To set your Site Parameters, type SP Site Parameters at the "Select System Setup Option:" prompt at the Setup menu.

2. Type the name of your site location at the "Select BGP Site Parameters Location" prompt.

3. Type the name of your Home location, or press the Enter key to accept the default, at the "Enter Your Site's Home location:" prompt.

4. Press the Enter key to accept the default Yes, or type N No at the "Area Export:" prompt.

5. Press the Enter key to accept the default Yes, or type N No at the "EISS Export:" prompt.

6. The "Select BGP Site Parameters Location:" prompt will display again. Press the Enter key to return to the System Setup menu.

```
                        **********************
                        **     GPRA+ FY03    **
                        **     Setup Menu    **
                        **********************
                              Version 2.0

                               DEMO SITE


   TXCH   Check for Taxonomies Required by the GPRA Report
   TAX    Taxonomy Setup
   SP     Site Parameters

Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: CROW HO                          100
BILLINGS        CROW        01
        ...OK? Yes// [ENT]  (Yes)

Please enter your site's HOME location: CROW HO//


AREA EXPORT?: YES// Y  YES
EISS EXPORT?: YES// Y  YES

Select BGP SITE PARAMETERS LOCATION:
```
Figure 4-9: Setting up site parameters

5.0   How to Run Reports and Patient Lists

The GPRA+ Clinical Indicator Reporting System is a reporting tool that provides local facilities and Areas with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the Reports menu option on the GPRA+ FY03 Reporting System main menu.

Three types of reports are included in GPRA+ FY03, rather than just one report for FY02. Refer to sections 7.1.5 and 7.1.6 below for examples of report formats.

- **Local:** for all GPRA and developmental indicators, will display *both* GPRA User Population and Active Clinical Population denominators, in addition to any indicator-specific denominators; will display *all* numerators, including any breakdowns by gender and age where defined.

  Within the Local report, *patient lists* can be run for each indicator that display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list that meets the indicator.

- **GPRA**: for any indicator defined in the GPRA Performance Plan, will display either GPRA User Population or indicator-specific denominator and any numerator specifically defined.

- **Area Annual Performance**: for all GPRA and many developmental indicators, will display Active Clinical Population denominator and most numerators.

Refer to section 3.2.3 *GPRA+ Denominator Definitions* for specific descriptions of the User Population and Active Clinical denominators.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few indicators review data for more than one year, e.g., Indicator #7 Pap Smears in past three years. Both the GPRA and Area Annual Performance report data files can be exported to the Area and aggregated for an Area report (see sections 5.2 and 5.3).

1. Type GP03 at the "Select IHS GPRA Performance Indicator Menu Option:" prompt.

```
          ******************************************************
          **                    IHS/RPMS GPRA+                **
          ** Clinical Performance Indicator Reporting System **
          ******************************************************
                             Version 2.0

                              DEMO SITE

   GP02    GPRA+ FY02 ...
   GP03    GPRA+ FY03 ...
   TAX     Taxonomy Setup

Select IHS GPRA Performance Indicator Menu Option: GP03
```
Figure 5-1: GPRA+ Main Menu

The GPRA+ FY03 Main menu is displayed (Figure 5-2).

2. Type RPT Reports at the "Select GPRA+ FY03 Option:" prompt.

```
          ******************************************************
          **                     GPRA+ FY03                   **
          ** Clinical Performance Indicator Reporting System **
          ******************************************************
                             Version 2.0

                              DEMO SITE

   RPT     Reports ...
   SET     System Setup ...
   AR      Area Options ...

Select GPRA+ FY03 Option: RPT   Reports
```
Figure 5-2: GPRA+ FY03 Main Menu

The main Reports menu is displayed (Figure 5-3).

```
                    **************************
                    **      GPRA+ FY03      **
                    **      Reports Menu    **
                    **************************
                             Version 2.0

                              DEMO SITE



   LOC     Run Indicator Reports for Local Use
   GP      Run GPRA Report for Area Export
   APP     Run Area Annual Performance Report for Area Export

Select Reports Option:
```
Figure 5-3: GPRA+ FY03 Reports Menu

5.1   Run Indicator Reports for Local Use (LOC)

This option is used to run a report for one or more indicators for use at the local site only. When using this option, no data is forwarded to the Area for Area-aggregated reports. The user is prompted to enter a Report end date and a baseline year, and to

indicate which indicators they would like to have calculated and displayed. The user is also prompted to indicate whether they also want to produce patient lists.

Local reports are intended to be used at LEAST quarterly during the fiscal year to review progress toward meeting clinical performance goals for both GPRA and developmental indicators.

Options for local report content include the following. See the GPRA+ FY03 Indicator Table in section 8.0 for indicator identifiers and descriptions.

- **Selected** Set of Indicators: user can select one or more individual indicators and patient lists.
- **GPRA** Indicators: includes all 17 GPRA clinical indicators. This report displays *all* denominators and numerators, not just the formal national GPRA reporting denominator and numerator.
- **Area Performance** Indicators: includes all GPRA indicators and selected developmental indicators for other key agency clinical initiatives. Displays all denominators and numerators.
- **Diabetes** Indicators: includes indicators 1-6; 15; 25-26 (denominator 2); 30-1 and 30-2 (denominator 2); and A.
- **Cardiovascular** Indicators: includes 30-1; 30-2, and in version 2.1, J-1 through J-6.

NOTE: Before running any GPRA+ reports, you should have the following information:
1. The name of the community taxonomy to be used.
2. The year and end date for the quarter or fiscal year period of time for this specific report (Current).
3. The Baseline year.

NOTE: Depending on a variety of factors, including the number of indicators selected, the size of your database, and/or your server configuration (RAM, processor speed, etc.), **the report may take 12-15 hours to run.** Always test your first report at night or on the weekend.

---

1. Type LOC at the "Select Reports Option:" prompt on the GPRA+ FY03 Reports menu. Information about the report will appear and the taxonomies will be checked (Figure 5-5).

```
                        *************************
                        **      GPRA+ FY03      **
                        **      Reports Menu    **
                        *************************
                              Version 2.0

                                DEMO SITE

   LOC     Run Indicator Reports for Local Use
   GP      Run GPRA Report for Area Export
   APP     Run Area Annual Performance Report for Area Export

Select Reports Option: LOC  Run Indicator Reports for Local Use
```

Figure 5-4: Running Indicator Reports for Local Use (step 1)

> **NOTE:** If you want to stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

2. Type the letter code representing the appropriate end date for the report at the "Run report for which time period:" prompt. All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user.

   Most time periods are predefined to ensure accuracy of reporting and comparability of data. The default is Q for Quarter End.

   Q   FY Quarter End (Q1 December 31, Q2 March 31, Q3 June 30) represents the end dates of standard government fiscal year (FY) time periods: Q1 = October 1-December 31; Q2 = January 1-March 31; Q3 = April 1-June 30

   F   Fiscal Year End (September 30) – standard government fiscal year (FY) October through September

   A   Area Director's Reporting Year End(June 30) – Because the annual Area Performance Report is due in early October, the reporting year is calculated from July through June.

   D   Date Range (User specified)

```
              IHS FY03 GPRA Clinical Performance Indicator Report

This will produce an Indicator Report for one or more indicators for a year
period ending on a date you specify.  You will be asked to provide: 1) the
baseline year to compare data to, and 2) the Community taxonomy to determine
which patients will be included.

Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER: [ENT]

     Select one of the following:

          Q          FY Quarter End (Q1 December 31, Q2 March 31, Q3 June 30)
          F          Fiscal Year End (September 30)
          A          Area Director's Reporting Year End (June 30)
          D          Date Range (User specified)

Run Report for which time period: Q// Q  FY Quarter End (Q1 December 31, Q2 March 31,
Q3 June 30)
```

Figure 5-5: Running Indicator Reports for Local Use (step 2)

3. Type the fiscal year for the Current Report period (e.g., 2003) at the "Enter Fiscal year:" prompt.

4. If you selected Q Fiscal Quarter End at step 2 above, the "Which FY Quarter End Date?" prompt will appear. Type the number representing the fiscal year quarter you want the report to end on.

   Type ?? at the prompt to see a list of options:

      Select the end date for your report:
         1 December 31
         2 March 31
         3 June 30

5. Type the baseline year at the "Enter Year:" prompt.

   The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
Enter the FY of interest.  Use a 4 digit year, e.g. 2002, 2003
Enter Fiscal year (e.g. 2003):  2003  (2003)
Which FY Quarter End Date:  (1-3): ??

Select the end date for your report:
     1   December 31
     2   March 31
     3   June 30

Which FY Quarter End Date:  (1-3): 1

Your report will use the last day of the quarter you selected as the End Date
of the Report.  Depending on the indicator, the report will calculate based
on data from at least the year prior to the Report End Date, not just on the
quarter selected.

Enter the Baseline Year that you would like to compare the data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2003):  1999  (1999)

The date ranges for this report are:
     Reporting Period:          Jan 01, 2002 to Dec 31, 2002
     Previous Year Period:      Jan 01, 2001 to Dec 31, 2001
     Baseline Period:           Jan 01, 1999 to Dec 31, 1999
```

Figure 5-6: Running Indicator Reports for Local Use (steps 3-5)

6. Type the name of the community taxonomy at the "Enter the Name of the Community Taxonomy:" prompt.

    Type the first few letters of the taxonomy name to see a selection, or type ?? to see the entire list.

The screen will display your Home location, as defined in the Site Parameters (see section 4.2 Site Parameters Setup).

7. Select the indicators that you want to include in your report at the "Select indicators:" prompt. Selections are defined in section 4.1 above:

    - S   Selected Set of Indicators
    - G   GPRA Indicators
    - A   Area Performance Indicators
    - D   Diabetes Indicators
    - C   Cardiovascular Indicators

> **NOTE:** There is no option to run ALL the indicators at the same
> time, because of the burden this would put on your server.
> GPRA+ includes 34 individual indicators, with multiple
> denominators and numerators for each, requiring extensive
> processing time. If you use S Selected Indicators, the system will
> limit you to the number of indicators you can run in one report.

```
You must now specify the community taxonomy to use when determining which
patients will be included in the GPRA report.  You should have created
this taxonomy using QMAN or the Taxonomy Setup Option.

Enter the Name of the Community Taxonomy: CROW
     1    CROW COMMUNITIES
     2    CROW SERVICE UNIT
     3    CROW SUCA
     4    CROWGROUP           LOCAL TOWNS USED IN SEARCHES
CHOOSE 1-4: 1  CROW COMMUNITIES
Your HOME location is defined as: CROW HO asufac:  404201


     Select one of the following:

          S            Selected Set of Indicators
          G            GPRA Indicators
          A            Area Performance Indicators
          D            Diabetes Indicators
          C            Cardiovascular Indicators

Select Indicators: S// S  Selected Set of Indicators
```

Figure 5-7: Running Indicator Reports for Local Use (steps 6-7)

8. If you typed S Selected, the Indicator Selection screen will appear (Figure
   5-8).

   If you made another selection, skip to step 12 below.

9. Type + (plus sign) at the "Select Action:" prompt to see the entire list of
   indicators.

   Type S Select Indicator to select specific indicators.

```
INDICATOR SELECTION            Mar 06, 2003 16:04:38        Page:    1 of    1
IHS GPRA Performance Indicators
* indicates the indicator has been selected

1)  Indicator 1:  Diabetes Prevalance/Incidence
2)  Indicator 2:  Diabetes and Glycemic Control
3)  Indicator 3:  Diabetes: Blood Pressure Control
4)  Indicator 4:  Diabetes: Dyslipidemia Assessment
5)  Indicator 5:  Diabetes: Nephropathy Assessment
6)  Indicator 6:  Diabetic Retinopathy
7)  Indicator 7:  Women's Health:  Pap Smear
8)  Indicator 8:  Women's Health:  Mammogram
9)  Indicator 13:  Oral Health:  Access to Dental Services
10) Indicator 14:  Oral Health:  Dental Sealants



         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action: +// S   Select Indicator

Which item(s):  (1-10): 7,8
```
Figure 5-8: Running Indicator Reports for Local Use (steps 8-9)

10. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

After pressing the Enter key, the indicators you selected will have an asterisk at the left side (Figure 5-9).

> **NOTE:** Remember that the number used to *select* the indicator will not necessarily correspond with the Indicator number in the title, i.e. Indicator #13 Oral Health is #9 on the selection list.

11. Type Q Quit when you have completed selecting indicators.

```
INDICATOR SELECTION            Mar 06, 2003 16:07:04        Page:    1 of    1
IHS GPRA Performance Indicators
* indicates the indicator has been selected

1)  Indicator 1:  Diabetes Prevalance/Incidence
2)  Indicator 2:  Diabetes and Glycemic Control
3)  Indicator 3:  Diabetes: Blood Pressure Control
4)  Indicator 4:  Diabetes: Dyslipidemia Assessment
5)  Indicator 5:  Diabetes: Nephropathy Assessment
6)  Indicator 6:  Diabetic Retinopathy
*7)  Indicator 7:  Women's Health:  Pap Smear
*8)  Indicator 8:  Women's Health:  Mammogram
9)  Indicator 13:  Oral Health:  Access to Dental Services
10) Indicator 14:  Oral Health:  Dental Sealants


         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action: +// Q   Quit
```
Figure 5-9: Running Indicator Reports for Local Use (steps 10-11)

12. Type Y Yes at the "Do you want individual lists for any indicators?" prompt, if you want to produce patient lists.

If you select Yes, the Indicator List Selection screen will display. Only the indicators that you have selected for your report will be listed.

13. Type S Select Indicator to select patient lists for specific indicators.

14. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

After pressing the Enter key, the indicators you selected will have an asterisk at the left side (Figure 5-10 below).

15. Type Q Quit when you have completed selecting indicators.

```
Do you want individual lists for any the selected indicators? N//y Yes

INDICATOR LIST SELECTION       Mar 06, 2003 16:11:48        Page:    1 of    1
IHS GPRA Performance Indicator Lists of Patients
* indicates the list has been selected

*1)  Ind 7: List of women 21-64 w/denominator identified, test date and code
*2)  Ind 8: List all Women  52-69 w/denominator identified and Mammogram date



          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+//
```
Figure 5-10: Running Indicator Reports for Local Use (steps 12-15)

16. Type the corresponding letter for the type of patient list you want to run.

- R Random will produce a list containing 10% of the entire patient list for the indicator.

- A All Patients will produce a list of all patients, indicating which denominator(s) and numerator(s) the patient meets. If the denominator for the indicator is the entire User Population, the list will only show patients who meet the numerator(s).

- P By Provider will produce a list of patients with a user-specified primary care provider.

> **NOTE:** Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or use the Delimited Output option to produce an electronic file (see step 19 below).

17. If you selected P By Provider, type the primary provider name at the "Enter Designated Provider Name:" prompt.

```
For these lists select which patient list you would like.

     Select one of the following:

          R          Random Patient List
          A          All Patients
          P          Patient List by Provider

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```
Figure 5-11: Running Indicator Reports for Local Use (steps 16-17)

18. A summary of the Report description will be displayed, including time periods, indicators selected, and patient lists selected.

```
                    SUMMARY OF GPRA REPORT TO BE GENERATED

The date ranges for this report are:
     Reporting Period:        Jan 01, 2002 to Dec 31, 2002
     Previous Year Period:    Jan 01, 2001 to Dec 31, 2001
     Baseline Period:         Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: CROW COMMUNITIES
The HOME location is: CROW HO 404201

These indicators will be calculated: 7 ; 8 ;

Lists will be produced for these indicators: 7 ; 8 ;
```
Figure 5-12 Running Indicator Reports for Local Use (step 18)

19. Type the corresponding letter for your output at the "Select an Output Option:" prompt

- P Print will send the report file to your printer or your screen. You can also print the report to an electronic file that can be retrieved in Word. Check with your Site Manager.

- D Delimited Output will produce an electronic delimited text file that can be imported into Excel for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can sorted in multiple ways. (See Appendix B: Working with Delimited Files for detailed instructions.)

- B Both will produce both a printed report and a delimited file.

20. If you select **D Delimited** or **B Both**, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 8 characters and will automatically be given the extension .txt. Check with your Site Manager about where the file will be located on your local network.

21. Type in a printer name at the "Device:" prompt. The default is Home. If you want to print to a file or you don't know your printer name, check with your Site Manager.

NOTE: This is the last point from which you can exit before starting the report process. ***The report may take 12-15 hours to run.*** Always test your first report at night or on the weekend.

If you need to exit now, type **^** at the "Device" prompt.

```
Please choose an output type.  For an explanation of the use of the
delimited file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a printed report and Delimited File

Select an Output Option: P// b  Both a printed report and Delimited File
Enter a filename for the delimited output: lbtst3-6

When the report is finished your delimited output will be found in the
 directory.  The filename will be lbtst3-6.txt

DEVICE: HOME//     Right Margin: 80//
```

Figure 5-13: Running Indicator Reports for Local Use (steps 19-21)

5.2   Run GPRA Report for Area Export

This option is used to run a GPRA+ report that can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report. This ensures that both the local facility and the Area have the same data collected and reported at the same point in time.

The GPRA Report only includes clinical indicators from the IHS current year GPRA performance plan. GPRA indicators are designated by numerical IDs (e.g., 1 Diabetes Prevalence). Only the specific denominator used for national GPRA reporting, generally based on the IHS User Population definition, and certain numerators will be included in the GPRA Report. Patient lists are not included.

The GPRA Report is expected to only be run by the site's GPRA or QA Coordinator, designated as the contact to the Area for the report. Before running the GPRA Report for Area export, the GPRA contact should request specific information from the Area

GPRA Coordinator about which Current Report time period to use. This will ensure that all local facilities run the report for exactly the same time period so the Area aggregate report will have data from comparable time periods. The Baseline Year for the GPRA Report is pre-defined as FY 2000.

The GPRA Coordinating Committee recommends that Areas plan to collect GPRA report data from facilities on a *quarterly basis* prior to the final required Fiscal Year report. This will allow the facility and the Area to spot potential data quality or performance issues prior to the end of the fiscal year.

1. To run a GPRA Report for Area Export, type GP GPRA Report at the "Select Reports option:" prompt at the GPRA+ FY03 Reports menu.

```
                    **************************
                    **      GPRA+ FY03      **
                    **      Reports Menu     **
                    **************************
                          Version 2.0

                            DEMO SITE


   LOC    Run Indicator Reports for Local Use
   GP     Run GPRA Report for Area Export
   APP    Run Area Annual Performance Report for Area Export

Select Reports Option: GP   Run GPRA Report for Area Export
```
Figure 5-14: Running GPRA Report for Area Export (step 1)

2. A description of the GPRA Report will be displayed, and GPRA+ will automatically check for taxonomies.

3. Type the letter corresponding to the appropriate end date for the report at the "Run report for which time period:" prompt. All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. Most time periods are predefined to ensure accuracy of reporting and comparability of data. The default is Q for Quarter.

Q   FY Quarter End (Q1 December 31, Q2 March 31, Q3 June 30) − represents the end dates of standard government fiscal year (FY) time periods: Q1 = October 1-December 31; Q2 = January 1-March 31; Q3 = April 1-June 30

F   Fiscal Year End (September 30) − standard government fiscal year (FY) October through September

4. Type the fiscal year for the Current Report period (e.g., 2003) at the "Enter Fiscal year:" prompt.

5. If you selected **Q FY Quarter End** at step 2 above, the "Which FY Quarter End Date?" prompt will appear. Type the number representing the fiscal year quarter you want the report to end on.

Type ?? at the prompt to see a list of options:

Select the end date for your report:
1 December 31
2 March 31
3 June 30

The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

> **NOTE:** The Baseline Year is pre-defined as FY 2000.

```
              IHS FY03 GPRA Indicator Report for Export to Area

This will produce a GPRA Indicator Report for one or more indicators for a year period
ending on a date you specify. cify.  You will be asked to provide: 1) the baseline
year to compare data to, and 2) the Community taxonomy to determine which patients
will be included.
This option will produce a report in export format for the Area Office to use
in Area aggregated data.  Depending on site-specific configuration, the
export file will either be automatically transmitted directly to the Area or
the site will have to send the file manually.

Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER: [ENT]

     Select one of the following:

          Q          FY Quarter End (Q1 December 31, Q2 March 31, Q3 June 30)
          F          Fiscal Year End (September 30)

Run Report for which time period: Q// F  Full Fiscal Year

Enter the FY of interest.  Use a 4 digit year, e.g. 2002, 2003
Enter Fiscal year (e.g. 2003): 2003  (2003)

The baseline year is FY 2000.
The date ranges for this report are:
     Reporting Period:        Oct 01, 2002 to Sep 30, 2003
     Previous Year Period:    Oct 01, 2001 to Sep 30, 2002
     Baseline Period:         Oct 01, 1999 to Sep 30, 2000
```

Figure 5-15: Running GPRA Report for Area Export (steps 2-6)

6. Type the name of the community taxonomy at the "Enter the Name of the Community Taxonomy:" prompt.)

Type the first few letters of the taxonomy name to see a selection, or type ?? to see the entire list.

The screen will display your Home location, as defined in the Site Parameters (see section 4.2 *Site Parameters Setup*).

```
You must now specify the community taxonomy to use when determining which
patients will be included in the GPRA report.  You should have created
this taxonomy using QMAN or the Taxonomy Setup Option.

Enter the Name of the Community Taxonomy: crow
     1    CROW COMMUNITIES
     2    CROW SERVICE UNIT
     3    CROW SUCA
     4    CROWGROUP          LOCAL TOWNS USED IN SEARCHES
CHOOSE 1-4: 1  CROW COMMUNITIES
Your HOME location is defined as: CROW HO asufac:  404201
```

Figure 5-16: Running GPRA Report for Area Export (steps 6 –7)

7. A summary of the Report description will be displayed, including time periods, Community selected, and Home location.

8. Type the corresponding letter for your output at the "Select an Output Option:" prompt

   - **P Print** will send the report file to your printer or your screen. You can also print the report to an electronic file that can be retrieved in Word. Check with your Site Manager.

   - **D Delimited Output** will produce an electronic delimited text file that can be imported into Excel for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can sorted in multiple ways. (See Appendix B: Working with Delimited Files.)

   - **B Both** will produce both a printed report and a delimited file.

9. If you select **D Delimited** or **B Both**, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 8 characters and will automatically be given the extension .txt. Check with your Site Manager about where the file will be located on your local network.

10. Write down the name of the Area export file and the file location that will appear on your screen. "A file will be created called BG[######].# and will reside in the [xxxxx] directory." This information should be given to your Area GPRA Coordinator. If your site's configuration is not set up to automatically transmit the file to the Area, the file will need to be manually transmitted.

11. Type in a printer name at the "Device:" prompt. The default is Home. If you want to print to a file or you don't know your printer name, check with your Site Manager.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take 2-8 hours to run.** Always test your first report at night or on the weekend.
>
> If you need to exit now, type ^ [Shift][6] at the "Device" prompt.

```
                    SUMMARY OF GPRA REPORT TO BE GENERATED

The date ranges for this report are:
     Reporting Period:        Oct 01, 2002 to Sep 30, 2003
     Previous Year Period:    Oct 01, 2001 to Sep 30, 2002
     Baseline Period:         Oct 01, 1999 to Sep 30, 2000

The COMMUNITY Taxonomy to be used is: CROW COMMUNITIES
The HOME location is: CROW HO 404201

These GPRA indicators will be calculated:

Please choose an output type.  For an explanation of the use of the
delimited file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a printed report and Delimited File

Select an Output Option: P// B  Both a printed report and Delimited File
Enter a filename for the delimited output: gpratest

When the report is finished your delimited output will be found in the
 directory.  The filename will be gpratest.txt

A file will be created called BG03404201.6 and will reside
in the export/public directory.

Depending on your site configuration, this file may need to be manually
sent to your Area Office.

DEVICE: HOME// [ENT]    Right Margin: 80// [ENT]
```

Figure 5-17: Running GPRA Report for Area Export (steps 8-12)

5.3   Run Area Annual Performance Report for Area Export (AP)

The Area Annual Performance Report option is used to run a clinical performance report that can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report for annual Area performance reporting. This ensures that both the local facility and the Area have the same data collected and reported at the same point in time. Because the Area Director's annual performance report is currently due to IHS Headquarters in early October, the reporting period for the Area Annual report is July through June.

The Area Annual report includes GPRA clinical indicators as well as developmental indicators representing key clinical priorities within the agency. GPRA indicators are

designated by numerical IDs (e.g., 1 Diabetes Prevalence); developmental indicators are designated with letter (e.g., B Colorectal Cancer Screening). The denominator for the Area Annual report is based on the Active Clinical population definition (see section 5.3). Most of the numerators from the Local report are included in the Area Annual Report (see section 6.3). Patient lists are NOT included.

The Area Annual Report is expected to only be run by the site's GPRA or QA Coordinator, designated as the contact to the Area for the report. Before running the Area Report for Area export, the GPRA contact should request specific information from the Area GPRA Coordinator about the Current Report time period to use. The Area Annual Report uses FY 2000 as a pre-defined Baseline Year. This will ensure that all local facilities run the report for exactly the same time period so the Area aggregate report will have data from comparable time periods.

The IHS acting Director of Planning and Evaluation recommends that Areas plan to collect Area Annual report data from facilities on a quarterly basis prior to the final required report. This will allow the facility and the Area to spot potential data quality or performance issues prior to the final report.

1. Type AP Area Performance at the "Select Reports option:" prompt

```
                    *************************
                    **      GPRA+ FY03      **
                    **      Reports Menu    **
                    *************************
                              Version 2.0

                              DEMO SITE


  LOC     Run Indicator Reports for Local Use
  GP      Run GPRA Report for Area Export
  AP      Run Area Annual Performance Report for Area Export

Select Reports Option: AP  Run Area Annual Performance Report for Area Export
```

Figure 5-18: Selecting Annual Area Report from GPRA+ FY03 Reports menu.

2. A description of the Area Annual Report will be displayed, and GPRA+ will automatically check for taxonomies.

3. Type the letter corresponding to the appropriate time period for the report at the "Run report for which time period:" prompt. All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. Most time periods are predefined to ensure accuracy of reporting and comparability of data. The default is Q for Quarter End.

Q   Area Director's Quarter End (Q1 Sept 30, Q2 Dec 31, Q3 Mar 31)) − quarterly time periods based on the Area Director's Reporting Year (ADY) defined as July 1 through June 30: Q1 = July 1-September 30; Q2 = October 1-December 31; Q3 = January 1-March 31

A   Area Director's Reporting Year End (June 30) − Because the annual Area Performance Report is due in early October, the reporting year is calculated from July through June.

4. Type the fiscal year for the Current Report period (i.e., 2003) at the "Enter Fiscal year:" prompt.

> **Note:** The Baseline Year is pre-defined as FY 2000 for the Annual Area Report.

The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline (Figure 5-19).

> **Note:** Regardless of the time period chosen, GPRA+ will analyze and report on the full year prior to the last day of the selected report period. E.g., if you select ADY Q1 (July 1 through September 30), the report will present Current data from October 1 through September 30.

```
IHS FY03 Annual Area Clinical Performance Indictor Report for Export to Area

This report will produce an Annual Area Clinical Performance Indicator Report
for a year period ending on a date you specify.
You will be asked to provide 1) the baseline year to compare data to, and 2) the
Community taxonomy to determine which patients will be included.

This option will produce a report in export format for the Area Office to use
in Area aggregated data.  Depending on site-specific configuration, the export file
will either be automatically transmitted directly to the Area or the site will have to
send the file manually.

This option will also produce an output file for export to the EISS system.

Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

     Select one of the following:

          Q          Area Dir's Quarter End (Q1 Sept 30, Q2 Dec 31, Q3 Mar 31)
          A          Area Director's Reporting Year End (June 30)

Run Report for which time period: Q// Q  Area Director's Quarter (Quarter 1, 2, 3 or
4)

Enter the YEAR of interest.  Use a 4 digit year, e.g. 2002, 2003
Enter Fiscal year (e.g. 2003): 2003  (2003)
Which Area Director's Quarter:  (1-4): 2

Your report will use the last day of the quarter you selected as the End Date
of the Report.  Depending on the indicator, the report will calculate based
on data from at least the year prior to the Report End Date, not just on the
quarter selected.

The baseline year is defined as FY2000.

The date ranges for this report are:
     Reporting Period:        Jan 01, 2002 to Dec 31, 2002
     Previous Year Period:    Jan 01, 2001 to Dec 31, 2001
     Baseline Period:         Jan 01, 1999 to Dec 31, 1999
```

Figure 5-19: Running Area Annual Performance Report for Area Export (steps 2-5)

5. Type the name of the community taxonomy at the "Enter the Name of the Community Taxonomy:" prompt. (see section 4.1.2)

   Type the first few letters of the taxonomy name to see a selection, or type ?? to see the entire list.

6. The screen will display your Home location, as defined in the Site Parameters (see section 4.2).

```
You must now specify the community taxonomy to use when determining which patients
will be included in the GPRA report.  You should have created this taxonomy using QMAN
or the Taxonomy Setup Option.

Enter the Name of the Community Taxonomy: CROW COMMUNITIES
Your HOME location is defined as: CROW HO asufac:  404201
```

Figure 5-20: Running Area Annual Performance Report for Area Export (steps 6-7)

7. A summary of the Report description will be displayed, including time periods, Community selected, and Home location.

8. Type the corresponding letter for your output at the "Select an Output Option:" prompt.

   - **P Print** will send the report file to your printer or your screen. You can also print the report to an electronic file that can be retrieved in Word. Check with your Site Manager.

   - **D Delimited Output** will produce an electronic delimited text file that can be imported into Excel for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can sorted in multiple ways. (See Appendix B: Working with Delimited Files.)

   - **B Both** will produce both a printed report and a delimited file.

9. If you select **D Delimited** or **B Both**, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 8 characters and will automatically be given the extension .txt. Check with your Site Manager about where the file will be located on your local network.

10. Write down the name of the Area export file and the file location that will appear on your screen. "A file will be created called BG[######].# and will reside in the [xxxxx] directory." This information should be given to your Area GPRA Coordinator. If your site's configuration is not set up to automatically transmit the file to the Area, the file will need to be manually transmitted.

11. Type in a printer name at the "Device:" prompt. The default is Home. If you want to print to a file or you don't know your printer name, check with your Site Manager.

NOTE: This is the last point from which you can exit before
starting the report process. **The report may take 8-14 hours to
run.** Always test your first report at night or on the weekend.

If you need to exit now, type ^ at the "Device" prompt.

```
      SUMMARY OF AREA DIRECTOR'S CLINICAL PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Reporting Period:        Jan 01, 2002 to Dec 31, 2002
     Previous Year Period:    Jan 01, 2001 to Dec 31, 2001
     Baseline Period:         Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: CROW COMMUNITIES
The HOME location is: CROW HO 404201

These indicators will be calculated:

Please choose an output type.  For an explanation of the use of the
delimited file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a printed report and Delimited File

Select an Output Option: P// P  Print Report on Printer or Screen

A file will be created called BG03404201.7 and will reside
in the export/public directory.

Depending on your site configuration, this file may need to be manually
sent to your Area Office.

DEVICE: HOME// [ENT]    Right Margin: 80// [ENT]
```
Figure 5-21: Running Area Annual Performance Report for Area Export (steps 8-12)

6.0   Area-Specific Menu Options

Area Offices can produce either GPRA or Area Annual Performance reports aggregated from their facilities.

Menu options include:

- **Uploading** facility data files: To produce a report, the Area must first upload the data files from all facilities. A data file is created when the facility runs either a GPRA report or an Area Annual Performance report. The facility must either manually or automatically send the data file to a designated location on the Area server.

- Running the **Area GPRA report**: For any clinical indicator defined in the IHS GPRA Performance Plan, this report will display either GPRA User Population or indicator-specific denominator and any numerator specifically defined for GPRA.

- Running the **Area Annual Performance report***:* For all GPRA and many developmental indicators, this report will display Active Clinical Population denominator and most numerators.

Refer to sections *7.1.5* and *7.1.6* below for examples of report formats.

Refer to *section 3.2.3. GPRA+ Denominator Definitions* for specific descriptions of the User Population and Active Clinical denominators.

6.1   Upload GPRA Data File from Site (UPL)

This option is used by Areas to upload data files that have been sent by service units. Once these files have been received and uploaded they can be used in an area aggregate report. You will have to execute this option each time a service unit sends a data file.

1. To Upload GPRA Data file from site, type AR at the "Select GPRA+ FY03 Option" prompt at the main menu.

```
        ********************************************************
        **                    GPRA+ FY03                    **
        **  Clinical Performance Indicator Reporting System **
        ********************************************************
                             Version 2.0

                             DEMO SITE

  RPT     Reports ...
  SET     System Setup ...
  AR      Area Options ...

Select GPRA+ FY03 Option: AR  Area Options
```
Figure 6-1: Uploading GPRA Data File from Site Main Menu (step 1)

2. Type UPL at the "Area Options:" prompt on the Area Options menu.

```
                    *****************************
                    **       GPRA+ FY03      **
                    **    Area Options Menu   **
                    *****************************
                            Version 2.0

                             DEMO SITE

   UPL     Upload Report Files from Site
   AGP     Run AREA GPRA Report (to be used at Area only)
   AAP     Run AREA Annual Performance Report (Area Only)

Select Area Options Option: UPL  Upload Report Files from Site
```

Figure 6-2: Upload GPRA Data File from Site (step 2)

3. Type the appropriate directory name at the "Enter directory path:" prompt. This is the Area directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran either the GPRA report or the Annual Area Performance report (see sections 5.2 *Run GPRA Report* or 5.3 *Run Area Annual Performance Report*).

> **NOTE:** You will be informed by your Area office information systems personnel which directory should be used.

4. Type the name of the file you wish to upload at the "Enter Filename w /ext:" prompt. This file name is assigned by GPRA+ at the time the facility runs either the GPRA report or the Area Annual Performance report (see sections 5.2 *Run GPRA Report* or 5.3 *Run Area Annual Performance Report).*

> **NOTE:** Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit data file names at the time the facility reports are run. It is strongly recommended that each Area establish a quarterly review process for both GPRA and Area Annual Performance indicator reporting data.

5. The following messages should appear on your screen: All done reading file, Processing, and Data uploaded. If you don't see these messages, the file was not uploaded (Figure 6-2).

   If you have typed the file name incorrectly or GPRA+ cannot locate the file, the following message will display: CANNOT OPEN (OR ACCESS) FILE '/usr/spool/uucppublic/bg03101201.5'.

```
This option is used to upload a SU's GPRA data.
You must specify the directory in which the GPRA data files resides
and then enter the filename of the GPRA data.

Enter directory path (i.e. /usr/spool/uucppublic/):  /usr/spool/uucppublic/

Enter filename w /ext (i.e. GP101201.5):  BG03404201.10
Directory=C:\EXPORT  File= BG03404201.10

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit:
```

Figure 6-2: Upload GPRA Data File from Site (steps 3—5)

6.2   Run Area GPRA Report (AGP)

This option is used by the Area to produce an area aggregate GPRA report. The GPRA report contains only those clinical indicators defined in the IHS GPRA Performance Plan, identified with numbers (e.g., #2 Diabetes: Glycemic Control). This report will aggregate all data files received to date from the service units.

> **NOTE**: The data uploaded from the facilities must have matching fiscal year, quarter, and baseline periods.   Area GPRA Coordinators should communicate the specific quarter and fiscal year that they want facilities to report on.
>
> Before running any Area reports, you should have the following information: The end date for this specific report (Current), i.e., the quarter ending date and year.

1. Type AGP at the "Select Area Options:" prompt on the Area Options menu.

```
                    ****************************
                    **        GPRA+ FY03      **
                    **    Area Options Menu    **
                    ****************************
                            Version 2.0

                            DEMO SITE

   UPL    Upload Report Files from Site
   AGP    Run AREA GPRA Report (to be used at Area only)
   AAC    Run AREA Annual Clinical Report (Area Only)

Select Area Options Option: AGP  Run AREA GPRA Report (to be used at Area only)
```

Figure 6-3: Running Area GPRA Report (step 1)

2. Type the letter code representing the appropriate time period for the report at the "Run report for which time period:" prompt. Most time periods are predefined to ensure accuracy of reporting and comparability of data. The default is Q for Quarter.

Q	FY Quarter End (Q1 December 31, Q2 March 31, Q3 June 30)) – represents the end dates of standard government fiscal year (FY) time periods: Q1 = October 1-December 31; Q2 = January 1-March 31; Q3 = April 1-June 30
F	Fiscal Year End (September 30) – standard government fiscal year (FY) October through September

3. Type the fiscal year for the Current Report period (e.g., 2003) at the "Enter Fiscal year:" prompt.

4. If you selected Q Quarter at Step 2 above, type the number of the quarter ending date you are reporting on.

   The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
BILLINGS Area Aggregate GPRA Report

     Select one of the following:

         Q          FY Quarter (FY Quarter 1, 2, 3 or 4)
         F          Full Fiscal Year (October-September)

Run Report for which time period: Q// Q  FY Quarter (FY Quarter 1, 2, 3 or 4)

Enter the Fiscal Year (FY).  Use a 4 digit year, e.g. 2002, 2003
Enter FY:  2002  (2002)
Which FY Quarter:  (1-4): 1

The Baseline Year is FY 2000.

The date ranges for this report are:
    Reporting Period:         Oct 01, 2001 to Dec 31, 2001
    Previous Year Period:     Oct 01, 2000 to Dec 31, 2000
    Baseline Period:          Oct 01, 1998 to Dec 31, 1998
```

Figure 6-4: Running Area GPRA Report (steps 2-5)

5. Type A Area Aggregate or F One Facility at the "Run Report for:" prompt. The default option is A.

   The Area Aggregate option will run a report that combines the data for all sites. The One Facility option will run a report similar to the facility GPRA report (see section 5.2). The example here is an Area Aggregate report.

```
     Select one of the following:
         A          Area Aggregate
         F          One Facility

Run Report for: A// A     AREA Aggregate
```

Figure 6-5: Running Area GPRA Report (step 6)

6. All facilities that have had their data files uploaded for the selected time period will be displayed onscreen.

7. Once you have reviewed the list and are ready to run the report, type the name of the device you wish to print/ view the report on at the "Device: HOME//" prompt.

```
Data from the following Facilities has been received and will be used
in the Area Aggregate Report:

     FY: 2001  QTR: All       SU: SELLS              Facility: SELLS HOSP
     FY: 2001  QTR: All       SU: SELLS              Facility: SAN XAVIER
     FY: 2001  QTR: All       SU: SELLS              Facility: SANTA ROSA
     FY: 2001  QTR: All       SU: SELLS              Facility: YAQUI

DEVICE: HOME//
```

Figure 6-6: Running Area GPRA Report (steps 7 and 8)

The printed report will look similar to the facility GPRA Report, but the cover page will display a list of all facilities and communities included in the report data (see Figure 6-11 below). The report data is aggregated for each indicator; currently data is not broken out by each facility for each indicator.

See section 7.2 for examples of individual indicator report.

```
XYZ                           Mar 14, 2003                        Page 1

                *** IHS GPRA CLINICAL PERFORMANCE INDICATORS ***
                            AREA AGGREGATE
              Reporting Period: Oct 01, 2002 to Sep 30, 2003
            Previous Year Period:  Oct 01, 2001 to Sep 30, 2002
              Baseline Period:  Oct 01, 2000 to Sep 30, 2001
-------------------------------------------------------------------------------

 Report includes the following facility data:
   HOPI HEALTH CARE CENTER
     Communities:
          BACABI              BLUE BIRD CN            HOTEVILLA
          KEAMS CANYON        KYKOTSMOVI              LEUPP
          MISHONGNOVI         ORAIBI,OLD              POLACCA
          SECOND MESA         SHIPAULOVI              SHUNGOPOVI
          SICHOMOVI           SKUNK SPRGS             SNOWBIRD
          SPIDER MOUND        TELEHOGAN               TEWA
          TOREVA              WALPI
   ELKO
     Communities:
          BAKER               BATTLE MOUNTAIN         BEOWAWE
          CARLIN              CRESCENT VALLEY         ELKO
          ELY                 EUREKA EAST             GOSHUTE(IBAPAH)
          HALLECK             JACKPOT                 JARBIDGE
          LAMOILLE            LUND                    MCGILL
          MONTELLO            OSINO                   RUBY VALLEY
          RUTH                RYNDON                  SOUTH FORK
          SPRING CREEK        WENDOVER
   PARKER HOSP
     Communities:
          BIG RIVER           BLYTHE                  BOUSE
          BULLHEAD CITY       CHEMEHUEVI VALLEY       CHLORIDE
          DOLAN SPRINGS       EARP                    EHRENBERG
          KINGMAN             LAKE HAVSU C            MOHAVE VALLE
          NEEDLES             OATMAN                  PARKER
          PARKER DAM          PEACH SPRGS             POSTON
          QUARTZSITE          RIVIERA                 SALOME
          SELIGMAN            SUPAI                   TOPOCK
          TRUXTON             VALENTINE               VIDAL
          WENDEN              WICKIEUP                WILLIAMS
          YUCCA
   WHITERIVER H
     Communities:
          CANYON DAY          CARRIZO                 CEDAR CREEK
          CIBECUE             DIAMOND CRK             EAST FORK
          FORT APACHE         HON-DAH/INDIAN PINE     MCNARY
          RAINBOW CITY        SEVEN MILE              WHITE RIV NE
          WHITE RIV NW        WHITE RIV SE            WHITE RIV SW
          WHITERIVER
   FT. YUMA HOSP
     Communities:
          1090                BARD                    BRAWLEY
          DATELAND            EL CENTRO               GADSDEN
          IMPERIAL            LIGURTA                 MOHAWK
          RIVERSIDE SCHOOL    ROLL                    SAN LUIS (AZ 288)
          SOMERTON            TACNA                   WELLTON
          WINTERHAVEN         YUMA
```

```
  OWYHEE HOSPITAL
    Communities:
        11-MILE CORN        BOISE                           CALDWELL
        FILER               GLENNS FERRY                    MOUNTAIN HOME
        NAMPA               TWIN FALLS

  SAN CARLOS
    Communities:
        7-MILE WASH         BYLAS                           CALVA
        CLAYPOOL            CLIFTON                         COOLIDGE DAM
        CUTTER              DUNCAN                          EDEN
        FORT THOMAS         GERONIMO                        GILSON WASH
        GLOBE               LOW. PERIDOT                    MIAMI
        MORENCI             NORTH GILSON                    PERIDOT
        PERIDOT HEIGHTS     PHOENIX                         PIMA
        SAFFORD             SAN CARLOS                      SENECA
        SOUTH GILSON        THATCHER                        UP. PERIDOT
        WHITERIVER          YOUNG
```

Figure 6-7: Sample Area GPRA Report Cover Page for Phoenix Area

6.3   Area Report

The Area Annual Performance Report option (AAP) is used by the Area to produce an Area-wide Annual Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers. Because the Area Director's annual performance report is currently due to IHS Headquarters in early October, the reporting period for the Area Annual report is July through June.

The Area Annual report includes GPRA clinical indicators as well as developmental indicators representing key clinical priorities within the agency. GPRA indicators are designated by numerical IDs (e.g., 1 Diabetes Prevalence); developmental indicators are designated with letter (e.g., B Colorectal Cancer Screening). The denominator for the Area Annual report is based on the Active Clinical population definition (see section 5.3). Patient lists are NOT included.

NOTE: The data uploaded from the facilities must have matching fiscal year, and quarter periods. Area GPRA Coordinators should communicate the specific quarter end and fiscal year that they want facilities to report on.

Before running any Area reports, you should have the following information: The end date for this specific report (Current), i.e., the quarter end date and year.

1. Type AAP at the "Select Area Options:" prompt on the Area Options menu.

```
                    ****************************
                    **       GPRA+ FY03      **
                    **    Area Options Menu   **
                    ****************************
                             Version 2.0

                             DEMO SITE

   UPL    Upload Report Files from Site
   AGP    Run AREA GPRA Report (to be used at Area only)
   AAP    Run AREA Annual Clinical Report (Area Only)

Select Area Options Option: AGP  Run AREA GPRA Report (to be used at Area only)
```

Figure 6-8: Using the Area Report (step 1)

2. Type the letter corresponding to the appropriate time period for the report at the "Run report for which time period:" prompt. Most time periods are predefined to ensure accuracy of reporting and comparability of data. The default is Q for Quarter.

Q   Area Director's Quarter End (Q1 Sept 30, Q2 Dec 31, Q3 Mar 31) – quarterly time periods based on the Area Director's Reporting Year (ADY) defined as July 1 through June 30: Q1 = July 1-September 30; Q2 = October 1-December 31; Q3 = January 1-March 31

A   Area Director's Reporting Year (July through June) – Because the annual Area Performance Report is due in early October, the reporting year is calculated from July through June.

3. Type the fiscal year for the Current Report period (e.g., 2003) at the "Enter Fiscal year:" prompt.

4. If you selected Q Quarter End at Step 2 above, type the number of the quarter end date for your report.

Note: The Baseline Year has been pre-defined as FY 2000.

The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline (Figure 6-9).

```
BILLINGS Area Aggregate Area Annual Performance Report

     Select one of the following:

        Q          Area Director's Quarter (Quarter 1, 2, 3 or 4)
        A          Area Director's Reporting Year (June-July)

Run Report for which time period: Q// A  Area Director's Reporting Year (June-July)

Enter the Fiscal Year (FY).  Use a 4 digit year, e.g. 2002, 2003
Enter FY:  2002  (2002)
Which FY Quarter:  (1-4): 1

The Baseline Year is defined as FY 2000.

The date ranges for this report are:
     Reporting Period:          Oct 01, 2001 to Dec 31, 2001
     Previous Year Period:      Oct 01, 2000 to Dec 31, 2000
     Baseline Period:           Oct 01, 1998 to Dec 31, 1998
```

Figure 6-9: Using the Area Report (steps 2-5)

5. Type A Area Aggregate or F One Facility at the "Run Report for:" prompt.
   The default option is A.

The Area Aggregate option will run a report that combines the data for all sites. The
One Facility option will run a report similar to the facility GPRA report (see section
5.2). The example here is an Area Aggregate report.

```
     Select one of the following:
        A          Area Aggregate
        F          One Facility

Run Report for: A// A     AREA Aggregate
```

Figure 6-10: Using the Area Report (step 6)

6. All facilities that have had their data files uploaded for the selected time
   period will be displayed onscreen.

7. Once you have reviewed the list and are ready to run the report, type the name
   of the device you wish to print/ view the report on at the "Device: HOME//"
   prompt.

```
Data from the following Facilities has been received and will be used
in the Area Aggregate Report:

    FY: 2001  QTR: All      SU: SELLS               Facility: SELLS HOSP
    FY: 2001  QTR: All      SU: SELLS               Facility: SAN XAVIER
    FY: 2001  QTR: All      SU: SELLS               Facility: SANTA ROSA
    FY: 2001  QTR: All      SU: SELLS               Facility: YAQUI

DEVICE: HOME//
```

Figure 6-11: Using the Area Report (steps 7 and 8)

The printed report will look similar to the facility Area Annual Performance Report,
but the cover page will display a list of all facilities and communities included in the

report data (see Figure 6-11 above). The report data is aggregated for each indicator; currently data is not broken out by each facility for each indicator.

See section 7.2 for examples of individual indicator report.

7.0 Indicator Logic and Report and Patient List Formats

This chapter defines in detail the logic for the denominator and numerator for each indicator, including the formats for reports and for associated patient lists.

7.1 Indicator Report Basics

7.1.1 Logic Example

The GPRA indicator example used in section 3.2.2 above was Indicator # 7 Pap Smear Rates: Maintain the proportion of eligible women who have had a pap smear documented within the past three years at the FY 2002 rate.

For GPRA+, the indicator definition becomes:

- Denominator: Females ages 18 through 64, excluding documented history of hysterectomy. (The clinical "owner" of the indicator has determined based on current medical guidelines that "eligible" women are defined as ages 18-64.)

- Numerator: patients with documented pap smear or refusal in past three years; displays refusals separately.

For the programmer, indicator #7 is described in terms of the following logic:

- Begin with the IHS User Population definition (see section 7.1.4) and find the subset of females ages 21 through 64 on the beginning day of the Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back 3 years for a test when a patient who is currently 21 would have been 18);

- Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.

- For this denominator, check for a pap smear in the following ways:

  1) V Lab is checked for a lab test called PAP SMEAR.

  2) Purpose of Visits are checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX.

  3) Purpose of Visits are checked for a Diagnosis of V72.3 - GYNECOLOGIC EXAMINATION.

  4) Procedures are checked for a procedure of 91.46.

  5) V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.

  6) The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see *Section 7.2 Logic and Formats by Indicator*.

7.1.2   GPRA+ Denominator Definitions

The denominator is the total population that is being reviewed for a specific indicator. Traditionally, GPRA indicators have used the standard IHS User Population definition to define the denominator for most GPRA clinical indicators.

IHS User Population is defined as:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.

- Must reside in a community specified in the community taxonomy specified by the user.

- Must be alive during the entire time frame.

- Must have been seen at least once in the 3 years prior to the end of the time period, regardless of the clinic type.

In FY 2003, a second denominator was developed specifically for clinical indicators that was felt to be more representative of the active clinical population.

Active Clinical population is defined as:

- First three definitions from IHS User Population, and

- Must have *two* visits to medical clinics in the past three years. At least one visit must be to one of the following medical clinics:

01	General	24	Well Child
02	Cardiac	28	Family Practice
06	Diabetic	31	Hypertension
10	GYN	70	Women's Health
12	Immunization	80	Urgent
13	Internal Medicine	89	Evening
20	Pediatrics		

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following medical clinics:

03	Chest And TB	32	Postpartum
05	Dermatology	37	Neurology
07	ENT	38	Rheumatology
08	Family Planning	49	Nephrology
16	Obstetrics	50	Chronic Disease
19	Orthopedic	69	Endocrinology
23	Surgical	75	Urology
25	Other	81	Men's Health Screening
26	High Risk	85	Teen Clinic
27	General Preventive	88	Sports Medicine

GPRA+ uses different denominators depending on the report type (see Section *5.0 Reports and Patient Lists* for definitions of the different report types).

Report Type	Denominator Definition
Local	• IHS User Population • Active Clinical population • Indicator-specific definition (some indicators)
GPRA Report	• IHS User Population or indicator-specific definition, if available
Annual Area Performance Report	• Active Clinical population or indicator-specific definition, if available

7.1.3   Diabetes-specific Denominators

The Diabetes indicators use two denominator descriptions *in addition* to the User Population and Active Clinical population descriptions detailed in the previous section. Diabetes indicators include 1-6, 15, and A. Additionally indicators 25, 26, 30-1, 30-2, and C-1 use diabetic patients as one of multiple denominators.

For the core Diabetes indicators (1-6), the denominators are defined below. Denominator 3 Active Diabetics has been defined as the denominator used for national GPRA reporting.

Denominator 1: All GPRA User Population patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

Denominator 2: All Active Clinical patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

Denominator 3 (GPRA Indicator): Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

> NOTE: Denominator 3 is used as the basis for all other indicators containing a denominator description of diabetic patients.

Denominator 4 (HEDIS-based Indicator): Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Denominator 4 uses DM AUDIT CREATININE TAX taxonomy to determine creatinine tests.

The Diabetes Program defines "primary clinic" as the following clinic codes:

01	General	20	Pediatrics
06	Diabetic	24	Well Child
13	Internal Medicine	28	Family Practice

7.1.4   Age Ranges

For the purposes of GPRA+ reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report period.

7.1.5   Report Cover Page Format

The Cover Page for each report appears in the following format (Figure 7-1 below with key elements described).

❶ **Report Type:** the top line of the cover page describes whether the report is Local, GPRA or Area Annual Performance Report.

❷ **Report Time Periods:** described the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.

❸ **Run Time:** records how long this Report took to run. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of indicators you are running.

❹ **Denominator Definitions:** describes the definition of the key denominators for the specific report. GPRA Report uses the User Population definition only; the Area Annual Performance report uses the Active Clinical definition. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic.

❺ **Output File information:** if a user has designated that a delimited file be created, the file name will appear here. For the GPRA and Area Annual Performance reports, the name of the export file will also be shown.

❻ **Communities List:** a list of all communities and facilities included in the Community taxonomy (see section 4.1.2) selected for this Report will be displayed.

```
❶            *** IHS FY03 Local Clinical Performance Indictor Report ***
                       Date Report Run: Mar 05, 2003
                        Site where Run: DEMO SITE
                     Report Generated by: LAST,FIRST
                  Reporting Period: Oct 01, 2001 to Sep 30, 2002
❷            Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                  Baseline Period:  Oct 01, 1998 to Sep 30, 1999


RUN TIME (H.M.S): 0.15.33                    ❸


Denominator Definitions Used in this Report:   ❹
GPRA USER POPULATION:
1.  Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan
Native.  This data item is entered and updated during the patient registration
process.
2.  Must reside in a community specified in the community taxonomy specified by the
user.
3.  Must be alive during the entire time frame.
4.  Must have been seen at least once in the 3 years prior to the end of the time
period, regardless of the clinic type.

ACTIVE CLINICAL POPULATION:
1.  Definitions 1-3 above.
2. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General, 02
Cardiac, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20
Pediatrics, 24 Well Child, 28 Family Practice, 31 Hypertension, 70 Women's
Health, 80 Urgent, 89 Evening.  See User Manual for complete description
of medical clinics.

A delimited output file called testlocd

has been placed in the public directory for your use in Excel or some     ❺
other software package.
See your site manager to access this file.


        The following communities are included in this report:


❻            FACILITY #1
             FACILITY #2
             FACILITY #3
             FACILITY #4
             SITE,RURAL
             SITE,URBAN
```

Figure 7-1: Report Cover Page Sample

7.1.6   Report Summary Format

For each indicator, the GPRA+ reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;

- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e., [Numerator Count] / [Denominator Count] * 100; and

- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see ❾ below).

The following example of a summary report page (Figure 7-2) shows the key elements.

❶ **Report Date:** displays the date that the report was run.

❷ **Report Type:** the top line of the cover page describes whether the report is Local, GPRA or Area Annual Performance Report

❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.

❹ **Indicator Title:** displays the indicator identifier and short title. GPRA indicators are identified as numeric (e.g., 7 Women's Health: Pap Smear); developmental indicators are identified as letters (e.g., B Colorectal Cancer Screening).

❺ **Denominator Definition(s):** the specific and detailed definitions for each denominator for the individual indicator. Local reports will have 2-4 denominators for most indicators. The Local report will also define which denominator is the GPRA indicator; this denominator only will appear on the GPRA Report.

❻ **Numerator Definition(s):** detailed definition of each numerator for the indicator. Some numerator definitions will include specific codes searched for, if the description is not too long.

❼ **Indicator Definition:** the general definition for the indicator. GPRA indicator definitions are excerpted directly from the FY03 GPRA Indicator definitions (see Appendix A: FY03 and FY04 GPRA Indicators with JCAHO Crosswalk).

❽ **Indicator Goal(s):** Details IHS past performance for FY 2001 and/or FY 2002, if any (for GPRA indicators), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see Section 3.1.3Comparing Ourselves to National Guidelines).

❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. GPRA+ FY03 uses the absolute difference between the first percentage and the second percentage, e.g., [Report Period %] minus [Base Period %] = Change. The direction of the change is indicated by a "+" (plus) or "-" (minus). The "+" indicates that the Current Report percent is larger than the past period.

❶

```
WBM                                Mar 05, 2003                        Page 15
❷    *** IHS FY03 Local Clinical Performance Indicator Report ***
                              DEMO SITE
                Report Period: Oct 01, 2001 to Sep 30, 2002
❸        Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
              Baseline Period:  Oct 01, 1998 to Sep 30, 1999
--------------------------------------------------------------------------------
❹    Indicator 7:  Women's Health: Pap Smear

  Denominator 1 (GPRA Indicator): All female GPRA User Population patients
  ages 21 through 64 at the beginning of the Report period without a
  documented history of Hysterectomy.
❺
  Denominator 2: All female Active Clinical patients ages 21 through 64 at
  the beginning of the Report period without a documented history of
  Hysterectomy.
❻    Numerator: Pap smear documented any time in the three years prior to the
  end of the Report period, including refusals.

❼    Maintain at the FY2002 rate the proportion of eligible women who have had
  a Pap Smear in the 3 years prior to the end of the Report period.

❽    FY2002: 43%  HP 2010 Goal: 90%
                                              ❾                        ❾
                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD      BASE %
Denominator #1: (GPRA Indicator)
# User Pop Women
21-64 years           49            53                    52

# w/Pap Smear recorded
 w/in 3 years         12  24.5      10  18.9    +5.6      18  34.6    -10.1
# Refusals with
 % of Total Pap        0   0.0       0   0.0    +0.0       0   0.0    +0.0

Denominator #2:
Active Clinical Women
21-64 years           26            25                    25

# w/Pap Smear recorded
 w/in 3 years         10  38.5       9  36.0    +2.5      14  56.0    -17.5
# Refusals
 w/ % of Total Pap     0   0.0       0   0.0    +0.0       0   0.0    +0.0
```

Figure 7-2: Sample Report Summary Page

7.1.7   Patient List Formats

Patient Lists for individual indicators are available with any Local report and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the

indicators to report on. See section 5.1 Local Report for a detailed description of how to produce patient lists.

Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name.

> **NOTE:** To be able to sort and manipulate the patient lists by any column, it is recommended that you select either D **Delimited** or B **Both** when you are prompted for the Report format (see section 5.0). By opening the delimited file in Excel, you can sort and format the lists (see *Appendix B section 10.0 Working with Delimited Files*).

Key elements of the Patient List format are described below (Figure 7-3).

❶ **Report Type:** indicates "Patient List" as the report type.

❷ **Patient List Type:** displays whether the Patient List is a "Random List," "List by Provider," or "Entire Patient List," depending on which option the user selected.

❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period); the identifying number of the denominator the patient belongs to (e.g., "1, 2;" indicates that a patient belongs to denominators #1 and #2); the date that a test meeting the numerator definition was performed, if any; and the test code.

> **NOTE:** If an indicator has a denominator definition of All GPRA User Population users, the patient list will NOT include the entire denominator, as many sites may have thousands of patients (and hundreds of pages of patient lists). Only patients meeting the numerator will be displayed on the Patient List. The List Description will describe the list content.

❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient's *Health Record Number* (HRN); the *Community* name; the patient's *gender*, e.g., M or F; the patient's *age*; and denominator and numerator information (see ❻ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name

❺ **Age Column:** displays the age of the patient at the beginning of the Report period.

❻ **Value Column:** displays different information about the denominator and numerator, depending on the individual indicator. For most patient lists, displays which denominator the patient is a member of (e.g., "1, 2, 3;"). Displays information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the

example below, the value column identifies the appropriate denominator, the date
a pap smear was documented, and the test code. If no date and code information
is displayed, this patient is counted in the denominator only, not in the numerator.

```
  WBM                             Mar 05, 2003                        Page 8
❶        ***  IHS FY03 Clinical Performance Indicator Patient List  ***
                             DEMO SITE
              Reporting Period: Oct 01, 2001 to Sep 30, 2002
❷                         Entire Patient List


------------------------------------------------------------------------------
Indicator 7: Women's Health: Pap Smear

Denominator 1 (GPRA Indicator): All female GPRA User Population patients
ages 21 through 64 at the beginning of the Report period without a
documented history of Hysterectomy.

Denominator 2: All female Active Clinical patients ages 21 through 64 at
the beginning of the Report period without a documented history of
Hysterectomy.

Numerator: Pap smear documented any time in the three years prior to the
end of the Report period, including refusals.
❸   List of women 21-64 w/denominator identified, test/refusal date and code
                     ❹                        ❺      ❻

PATIENT NAME               HRN   COMMUNITY    SEX AGE   VALUE
------------------------------------------------------------------------------
RAMEY,JOSIE               180761 FACILITY #1   F   63  1,2; 02/12/99 VLab
PARRISH,MARILYN           225331 FACILITY #2   F   22  1,2; 03/21/00 VLab
CARROLL,SYDNEY            105841 FACILITY #2   F   23  1,2; 03/02/01 VLab
ZALE,GRETA                142432 FACILITY #2   F   23  1;
CLINTON,GLADYS            140260 FACILITY #2   F   25  1,2;
CARPENTER,MARILYN         134266 FACILITY #2   F   26  1,2; 08/01/00 VLab
WALTON,PRISCILLA          160439 FACILITY #2   F   26  1,2; 01/06/00 VLab
STEIN,VELMA               141051 FACILITY #2   F   34  1,2;
CARROLL,WENDY             110177 FACILITY #2   F   35  1;
KINGSLEY,LENA             103143 FACILITY #2   F   38  1,2;
WENDT,HORTENCE            110719 FACILITY #2   F   40  1;
COOLIDGE,EUNICE           132384 FACILITY #2   F   45  1,2; 02/15/00 VLab
CLANCEY,CELESTE           164716 FACILITY #2   F   45  1,2;
WALTON,BERTHA             228031 FACILITY #2   F   50  1;
CHENEY,ALMA               221732 FACILITY #3   F   31  1;
BELL,PATRICIA             128989 FACILITY #3   F   46  1;
DREW,PAMELA               107039 FACILITY #4   F   22  1,2;
HART,PAMELA               158744 FACILITY #4   F   22  1; 01/01/00 VLab
MADDOX,CHRIS              150681 FACILITY #4   F   31  1;
WHITE,TESS                127519 FACILITY #4   F   38  1;
RANDALL,LOUISE            137699 FACILITY #4   F   43  1,2; 02/01/01 VLab
CURTIS,SHERRY             152570 SITE,RURAL    F   47  1,2;
WEST,KATHERINE            109085 SITE,URBAN    F   22  1;
PRATT,EDNA                140557 SITE,URBAN    F   22  1;
```

Figure 7-3: Sample Patient List

7.2 Logic and Formats by Indicator

This section provides the following information for each indicator:

- Indicator description from the IHS Annual Performance Report to Congress;
- Definitions of each denominator and numerator;
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- Patient list example.

> **NOTE**: GPRA+ FY03 version 2.0 contains all GPRA indicators (1-31) and some developmental indicators (A, B, C-1, C-2, D, and H). The remaining developmental indicators will be available in version 2.1.

> **NOTE:** All report examples and patient list examples used in this section were produced from "scrubbed" demo databases and do not represent actual patient data.

7.2.1 Indicator 1: Diabetes Prevalence

GPRA Indicator Description: During FY 2003, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Denominator: All GPRA User Population patients, broken down by gender.

Numerator 1: Same as FY02. Anyone diagnosed with Diabetes (at least one diagnosis 250.00-250.93 recorded in the V POV file) *at any time* before the end of the Report period.

Numerator 2: Anyone diagnosed with Diabetes in *the year prior* to the end of the Report period.

Additional Report Features: The data is broken down further for the following age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs.

Patient List Description: A list of all patients diagnosed with Diabetes (Numerators 1 and 2); the date of the most recent DM diagnosis; and the DM code.

```
LAM                              Apr 24, 2003                       Page 1
          *** IHS FY03 Local Clinical Performance Indicator Report ***
                                 DEMO SITE
                  Report Period: Jan 01, 2002 to Dec 31, 2002
              Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
                 Baseline Period:  Jan 01, 1999 to Dec 31, 1999
--------------------------------------------------------------------------
Indicator 1:  Diabetes Prevalence


Denominator: All GPRA User Population.
Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)
Numerator 2: DM POV Diagnosis in year prior to end of Report period

Continue tracking Area age-specific diabetes prevalence rates to identify
trends in diabetes prevalence (as surrogate marker for diabetes
incidence).

                    REPORT    %    PREV YR    %  CHG from  BASE      %   CHG from
                    PERIOD         PERIOD        PREV YR % PERIOD        BASE %

# User pop          58,187         56,515                  51,498

# w/ any DM DX       5,322   9.1    4,772   8.4    +0.7    3,787   7.4     +1.8
# w/ DM DX
 w/in past year      3,862   6.6    3,539   6.3    +0.4    2,808   5.5     +1.2


# MALE User pop     26,522         25,800                  23,363

# w/ any DM DX       2,097   7.9    1,853   7.2    +0.7    1,450   6.2     +1.7
# w/DM DX
 w/in past year      1,493   5.6    1,319   5.1    +0.5    1,041   4.5     +1.2


# FEMALE User pop   31,665         30,715                  28,135

# w/ any DM DX       3,225  10.2    2,919   9.5    +0.7    2,337   8.3     +1.9
# w/ DM DX
 w/in past year      2,369   7.5    2,220   7.2    +0.3    1,767   6.3     +1.2
```

Figure 7-4: Sample Summary Report, Indicator 1

```
                        TOTAL GPRA USER POPULATION
                             Age Distribution
                    <15   15-19  20-24  25-34  35-44  45-54  55-64  >64 yrs

CURRENT REPORT PERIOD
Total # User Pop    20,524 5,548  7,317 10,807 7,312  3,774  1,766  1,139
# w/ DM DX ever         90     81    201    928 1,341  1,277    819    585
% w/ DM DX ever        0.4    1.5    2.7    8.6  18.3   33.8   46.4   51.4

# w/DM DX in past yr    41     45    129    612    949    993    659    434
% w/DM DX in past yr   0.2    0.8    1.8    5.7   13.0   26.3   37.3   38.1

PREVIOUS YEAR PERIOD
Total # User Pop    20,140 5,445  7,129 10,452 7,128  3,520  1,617  1,084
# w/ DM DX ever         76     73    176    806 1,248  1,124    725    544
% w/ DM DX ever        0.4    1.3    2.5    7.7  17.5   31.9   44.8   50.2

# w/DM DX in past yr    31     38    108    556    918    884    591    413
% w/DM DX in past yr   0.2    0.7    1.5    5.3   12.9   25.1   36.5   38.1

CHANGE FROM PREV YR %
w/ DM DX ever         +0.1   +0.1   +0.3   +0.9   +0.8   +1.9   +1.5   +1.2
w/DM DX in past yr    +0.0   +0.1   +0.2   +0.3   +0.1   +1.2   +0.8   +0.0

BASELINE REPORT PERIOD
Total # User Pop    18,622 4,976  6,469  9,832 6,322  2,951  1,409    917
# w/ DM DX ever         61     60    154    660    955    863    603    431
% w/ DM DX ever        0.3    1.2    2.4    6.7   15.1   29.2   42.8   47.0

# w/DM DX in past yr    29     34    104    464    718    676    469    314
% w/DM DX in past yr   0.2    0.7    1.6    4.7   11.4   22.9   33.3   34.2

CHANGE FROM BASE YR %
w/ DM DX ever         +0.1   +0.3   +0.4   +1.9   +3.2   +4.6   +3.6   +4.4
w/DM DX in past yr    +0.0   +0.1   +0.2   +0.9   +1.6   +3.4   +4.0   +3.9
```

Figure 7-5: Sample Age Breakdown Page, Indicator 1

```
   WBM                        Mar 05, 2003                    Page 1

       ***  IHS FY03 Clinical Performance Indicator Patient List  ***
                             DEMO SITE
              Reporting Period: Oct 01, 2001 to Sep 30, 2002
                          Entire Patient List
------------------------------------------------------------------------------
Indicator 1:  Diabetes Prevalence

Denominator: All GPRA User Population
Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)
Numerator 2: DM POV Diagnosis in year prior to end of Report period


        List of Diabetic Patients with most recent Diagnosis
PATIENT NAME           HRN    COMMUNITY     SEX AGE   VALUE
------------------------------------------------------------------------------
MURRAY,SOPHIA          104227 FACILITY #2    F   44  09/19/01 250.02
WALTON,BERTHA          228031 FACILITY #2    F   50  05/23/01 250.00
HOWARD,RAY             196543 FACILITY #2    M   61  09/13/01 250.00
STEVENSON,JOSHUA       154362 FACILITY #3    M   82  07/11/00 250.00
```

Figure 7-6: Sample Patient List, Indicator 1

7.2.2   Indicator 2: Diabetes: Glycemic Control

GPRA Indicator Description: During FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 Active Diabetics is the GPRA indicator.

Numerator 1: Number of patients with a Hemoglobin A1C (HgbA1C) documented in the year prior to the end of the Current Report period, regardless of the result.

Numerator 2 (Glycemic Control): Patients with HgbA1C less than or equal to ($<=$) 7 OR with a mean of the last 3 Glucose values less than or equal ($<=$) to 150.

Numerator 3: Patients with HgbA1C equal to or greater than ($=>$) 9.5 or mean of the last 3 Glucose values equal to or greater than ($=>$) 225.

Numerator 4:   Patients with undetermined Hemoglobin A1C or Glucose values. Undetermined is defined as 1) patients with no HgbA1C OR with HgbA1C documented but no value AND 2) less than 3 Glucose values OR documented Glucose without values.

Logic Description: GPRA+ searches RPMS for the most recent Hemoglobin A1C test in the year prior to the end of the Report period. If no test is found, GPRA+ searches for the last 3 Glucose values during the same period. If the HgbA1C has a result that equals the term COMMENT, GPRA+ searches for the last 3 Glucose values. Mean glucose value is calculated by adding the last three (3) values and dividing by 3.

> **NOTE:** For FY 2004, only Hemoglobin A1C values will be used, not glucose values.

GPRA+ uses the following definitions:

	CPT Codes	**LOINC Codes (TBD)**	**Taxonomy**
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
HgbA1C	83036		DM AUDIT HGB A1C TAX
Glucose			DM AUDIT GLUCOSE TESTS TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of the Hemoglobin A1C or Glucose test and its value, if any. HgbA1C tests are designated by "H," and Glucose tests by "G."

Indicator Past Performance and Targets:

IHS FY 2001 Performance for glycemic control	30%
IHS FY 2002 Performance for glycemic control	NA
HP 2010 Goal for % of diabetics w/ at least 1 HgbA1c in past year:	50%
IHS 2010 Goal for % of diabetics w/ glycemic control, HgbA1c <=7:	40%

```
WBM                            Mar 05, 2003                     Page 5
        *** IHS FY03 Local Clinical Performance Indicator Report ***
                             DEMO SITE
                Report Period: Oct 01, 2001 to Sep 30, 2002
             Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                Baseline Period:  Oct 01, 1998 to Sep 30, 1999
-----------------------------------------------------------------------------
Indicator 2:  Diabetes:  Glycemic Control


                    REPORT   %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD       PERIOD       PREV YR % PERIOD      BASE %
Denominator #1:
User Pop w/ DM DX   4,500        4,017                  2,780

# w/HgbA1c done w/
 or w/o result      2,382 52.9   2,153 53.6    -0.7   1,337 48.1    +4.8
# w/HgbA1c <=7 or
 glucose <=150        824 18.3     824 20.5    -2.2     346 12.4    +5.9
# w/HgbA1c >9.5
 or glucose >=225     818 18.2     839 20.9    -2.7     677 24.4    -6.2
# w/HgbA1c or Glucose
 Undetermined       1,977 43.9   1,529 38.1    +5.9   1,216 43.7    +0.2

Denominator #2:  Active
Clinical w/DM DX    3,550        3,204                  2,279

# w/HgbA1c done w/
 or w/o result      2,289 64.5   2,067 64.5    -0.0   1,316 57.7    +6.7
# w/HgbA1c <=7 or
 Glucose <=150        792 22.3     780 24.3    -2.0     334 14.7    +7.7
# w/HgbA1c >9.5 or
 Glucose >=225        777 21.9     789 24.6    -2.7     655 28.7    -6.9
# w/HgbA1c or Glucose
 Undetermined       1,128 31.8     837 26.1    +5.7     758 33.3    -1.5

Denominator #3 (GPRA Indicator):
Active Diabetic Pts 3,486        3,163                  2,157

# w/HgbA1c done w/
 or w/o result      2,368 67.9   2,146 67.8    +0.1   1,331 61.7    +6.2
# w/HgbA1c <=7 or
 glucose <=150        821 23.6     823 26.0    -2.5     346 16.0    +7.5
# w/HgbA1c >9.5 or
 Glucose >=225        811 23.3     835 26.4    -3.1     670 31.1    -7.8
# w/HgbA1c or Glucose
 Undetermined         977 28.0     684 21.6    +6.4     602 27.9    +0.1

Denominator #4 (GPRA Indicator):
Adult Diabetic Pts  1,574        1,404                    995

# w/HgbA1c done w/
 or w/o result      1,357 86.2   1,209 86.1    +0.1     756 76.0   +10.2
# w/HgbA1c <=7 or
 Glucose <=150        422 26.8     387 27.6    -0.8     171 17.2    +9.6
# w/HgbA1c >9.5 or
 Glucose >=225        436 27.7     444 31.6    -3.9     364 36.6    -8.9
# w/HgbA1c or Glucose
 Undetermined         203 12.9      97  6.9    +6.0     167 16.8    -3.9
```

Figure 7-7: Sample Report, Indicator 2

```
List of Patients w/denominator identified & Hgb/Glucose Date and Value
PATIENT NAME             HRN    COMMUNITY      SEX AGE    VALUE
-------------------------------------------------------------------------
WARNER,MARVIN            181359 COMMUNITY #4    M   74   1,2,3,4; 09/14/02 H 5.2
TURNER,PETER             161138 COMMUNITY #4    M   77   1,2,3,4; 12/14/01 H 5.1
MURRAY,SOPHIA            104227 FACILITY #2     F   44   1,2,3,4; 08/19/02 H 12.2
HOWARD,RAY               196543 FACILITY #2     M   61   1,2,3,4; 05/18/02 H 6.9
STEVENSON,JOSHUA         154362 FACILITY #3     M   82   1;   u
SMYTHE,DANIELLE          199842 SITE,URBAN      F   27   1,2,3,4; 04/13/02 H 6.2
SANTOS,DANIELLE          114645 SITE,URBAN      F   52   1,2;   u
MCPHERSON,ELLIE          154561 SITE,URBAN      F   61   1,2,3;   u
HOWELL,ELIZABETH         159640 SITE,URBAN      F   69   1,2,3,4; 09/04/02 H 6.5
WORRELL,BERNARD          186840 SITE,URBAN      M   56   1,2;   u
CLANCEY,BERT             114945 SITE,URBAN      M   61   1,2,3; 07/26/02 G 111.7
SAUNDERS,JERRY           150083 SITE,URBAN      M   61   1,2,3,4; 05/01/02 H 7.0
SINGLETON,LEON           210040 SITE,URBAN      M   64   1;   u
```

Figure 7-8: Sample Patient List, Indicator 2

7.2.3   Indicator 3: Diabetes: Blood Pressure Control

GPRA Indicator Description: During FY 2003, maintain the FY 2002 performance level for blood pressure (BP) control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 Active Diabetics is the GPRA denominator.

Numerator 1: Patients with controlled BP, defined as the mean systolic value is less than or equal to ($<=$) 130 AND the mean diastolic value is less than or equal to ($<=$) 80. Both the systolic and diastolic values must meet the criteria

Numerator 2: Patients with BP that is not controlled, defined as not meeting the definition of controlled.

Numerator 3: Patients with undetermined BP control. Undetermined is defined as less than 2 blood pressures documented in the year prior to the end of the Report period.

Logic Description: For each of the 3 numerators, GPRA+ uses the last 3 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values doe not BOTH meet the criteria for controlled, then the value is considered not controlled.

GPRA+ uses the following definition:

	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. Displays the mean blood pressure value, if any, and designates CON for Controlled (Numerator 1) or UNC for Not Controlled (Numerator 2).

Indicator Past Performance and Targets:

IHS FY 2001 Performance	41%
IHS FY 2002 Performance	NA
IHS 2010 Goal for diabetics with controlled BP	50%

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          *** IHS FY03 Local Clinical Performance Indicator Report ***
                                  DEMO SITE
                    Report Period: Oct 01, 2001 to Sep 30, 2002
                Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 3:  Diabetes: Blood Pressure Control


                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD      BASE %

Denominator #1:
User Pop w/ DM DX    4,500        4,017                   2,780

# w/controlled BP
 =<130/80            1,213  27.0  1,117 27.8    -0.9      820 29.5     -2.5
# w/Not controlled
 BP                  1,745  38.8  1,577 39.3    -0.5      997 35.9     +2.9
# w/Undetermined BP  1,542  34.3  1,323 32.9    +1.3      963 34.6     -0.4

Denominator #2: Active
Clinical w/DM DX     3,550        3,204                   2,279

# w/Controlled BP
 =<130/80            1,162  32.7  1,083 33.8    -1.1      806 35.4     -2.6
# w/Not controlled
 BP                  1,687  47.5  1,511 47.2    +0.4      980 43.0     +4.5
# w/Undetermined BP    701  19.7    610 19.0    +0.7      493 21.6     -1.9

Denominator #3 (GPRA Indicator):
Active Diabetics Pts 3,486        3,163                   2,157

# w/Controlled BP
 =<130/80            1,213  34.8  1,117 35.3    -0.5      820 38.0     -3.2
# w/Not controlled
 BP                  1,744  50.0  1,577 49.9    +0.2      997 46.2     +3.8
# w/Undetermined BP    529  15.2    469 14.8    +0.3      340 15.8     -0.6

Denominator #4:
Adult Diabetic Pts   1,574        1,404                     995

# w/Controlled BP
 =<130/80              594  37.7    511 36.4    +1.3      397 39.9     -2.2
# w/Not controlled
 BP                    888  56.4    819 58.3    -1.9      546 54.9     +1.5
# w/Undetermined BP     92   5.8     74  5.3    +0.6       52  5.2     +0.6

```

Figure 7-9: Sample Report, Indicator 3

```
     List of Patients w/ denominator identified & Mean BP, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE    VALUE
--------------------------------------------------------------------------------
WARNER,MARVIN           181359 COMMUNITY #4   M   74  1,2,3,4; 142/77 UNC
TURNER,PETER            161138 COMMUNITY #4   M   77  1,2,3,4; 125/72 CON
STEVENSON,JOSHUA        154362 FACILITY #3    M   82  1; u
SMYTHE,DANIELLE         199842 SITE,URBAN     F   27  1,2,3,4; 127/60 CON
MCPHERSON,ELLIE         154561 SITE,URBAN     F   61  1,2,3; 134/53 UNC
WORRELL,BERNARD         186840 SITE,URBAN     M   56  1,2; u
CLANCEY,BERT            114945 SITE,URBAN     M   61  1,2,3; 124/71 CON
```

Figure 7-10: Sample Patient List, Indicator 3

7.2.4   Indicator 4: Diabetes: Dyslipidemia Assessment

Indicator Description: During FY 2003, maintain the FY 2002 performance level for the proportion of I/T/U clients with diagnosed diabetes assessed for dyslipidemia (i.e., LDL cholesterol).

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 is the GPRA denominator.

Numerator 1: Patients who have had *EITHER* a LIPID PROFILE *OR* an LDL, an HDL and Triglyceride (TG) (all three) in the year prior to the end of the Report period.

Numerator 2: Patients with LDL completed in the prior year, regardless of result.

Numerator 3: Patients with LDL results of less than or equal to (<=) 100.

Logic Description: For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any tests described in the numerators, with the LDL value, if any.

Indicator Past Performance and Targets:

IHS FY 2001 Performance for % of diabetics assessed	60%
IHS FY 2002 Performance for % of diabetics assessed	NA
HP 2010 Goal for % of diabetics assessed	70%

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        *** IHS FY03 Local Clinical Performance Indicator Report ***
                              DEMO SITE
                Report Period: Oct 01, 2001 to Sep 30, 2002
            Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
              Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-----------------------------------------------------------------------------
Indicator 4:  Diabetes: Dyslipidemia Assessment


                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD      BASE %

Denominator #1:
User Pop w/ DM DX    4,500        4,017                  2,780


# w/Lipid Profile OR
 TG & HDL & LDL
 recorded            2,004  44.5  1,572  39.1    +5.4    350  12.6   +31.9
# w/ LDL done        2,004  44.5  1,541  38.4    +6.2    350  12.6   +31.9
# of patients w/LDL
 result =< 100         842  18.7    636  15.8    +2.9    148   5.3   +13.4

Denominator #2: Active
Clinical w/DM DX     3,550        3,204                  2,279


# w/Lipid Profile OR
 TG & HDL & LDL
 recorded            1,945  54.8  1,527  47.7    +7.1    348  15.3   +39.5
# w/ LDL done        1,945  54.8  1,497  46.7    +8.1    348  15.3   +39.5
# of patients w/LDL
 result <=100          813  22.9    615  19.2    +3.7    146   6.4   +16.5

Denominator #3 (GPRA Indicator):
Active Diabetic Pts  3,486        3,163                  2,157


# w/Lipid Profile OR
 TG & HDL & LDL
 recorded            1,995  57.2  1,568  49.6    +7.7    350  16.2   +41.0
# w/ LDL done        1,995  57.2  1,537  48.6    +8.6    350  16.2   +41.0
# of patients w/LDL
 result =<100          839  24.1    636  20.1    +4.0    148   6.9   +17.2

Denominator #4:
Adult Diabetic Pts   1,574        1,404                    995


# w/Lipid Profile OR
 TG & HDL & LDL
 recorded            1,109  70.5    892  63.5    +6.9    154  15.5   +55.0
# w/ LDL done        1,109  70.5    888  63.2    +7.2    154  15.5   +55.0
# of patients w/LDL
 result =< 100         445  28.3    330  23.5    +4.8     64   6.4   +21.8
```

Figure 7-11: Sample Report, Indicator 4

```
   List of Patients w/ denominator identified & Documented Lipid Values
PATIENT NAME              HRN     COMMUNITY      SEX AGE    VALUE
--------------------------------------------------------------------------
WARNER,MARVIN             181359 COMMUNITY #2    M   60  1,2,3,4; LP; 12/06/01 126
LEWIS,TRAVIS MARTIN       68816  COMMUNITY #4    M   28  1,3;
MURRAY,SOPHIA ANNA        104227 FACILITY #2     F   30  1,2,3,4; LP; 09/13/02 94
NEWTON,HAROLD S           103321 FACILITY #2     M   31  1,2,3; LP; 02/20/02 97
ESPINOZA,EMMA VALDEZ      30986  FACILITY #3     F   44  1,2,3,4; LP; 05/02/02 137
COOK,CHRISTINE MARTIN     173546 FACILITY #3     F   50  1,3; LP
LEWIS,ERNESTINE LYMAN     53906  FACILITY #3     F   60  1,3;
DOKA,REGINALD             12543  FACILITY #3     M   30  1,2,3,4; LP
WORRELL,BERNARD           186840 FACILITY #3     M   55  1,2,3;
GUERRERO,LORENIA          58069  SITE,RURAL      F   28  1,2,3; LP; 02/05/02 139
BEGAY,EMMARIETA           172489 SITE,RURAL      F   38  1,2,3;
MULTINE,CHARLENE ANN      178915 SITE,RURAL      F   43  1,2,3;
SANTOS,LINDA              114645 SITE,URBAN      F   52  1,2,3;
SAUNDERS,JERRY            150083 SITE,URBAN      M   61  1,2,3; LP; 08/12/02 150
```

Figure 7-12: Sample Patient List, Indicator 4

7.2.5   Indicator 5: Diabetes: Nephropathy Assessment

GPRA Indicator Description: During FY 2003, maintain the proportion of I/T/U clients with diagnosed diabetes assessed for nephropathy.

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 Active Diabetic Patients is the GPRA denominator.

Numerator 1: Same as FY02. Patients with microalbumunuria test, regardless of result, or positive urine protein test done in year prior to the end of the Report period.

Logic Description: GPRA+ searches first for the last microalbumunuria test done in year prior to the end of the Report period, regardless of result (positive or negative). If none are found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Creatinine (for Denominator 4)			DM AUDIT CREATININE TAX
Microalbumunuria	82043, 82044		DM AUDIT MICROALBUMUNURIA TAX
Urine Protein			DM AUDIT URINE PROTEIN TAX

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any tests described in the numerator, with the value, if any. Microalbumunuria test is indicated by "M;" Urine Protein by "U."

Indicator Past Performance and Targets:

IHS FY 2001 Performance	54%
IHS FY 2002 Performance	NA
IHS 2010 Goal for % of diabetics assessed for nephropathy	70%

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              Report Period: Jan 01, 2002 to Dec 31, 2002
           Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
              Baseline Period:  Jan 01, 1999 to Dec 31, 1999
-------------------------------------------------------------------------
Indicator 5:  Diabetes: Nephropathy Assessment


                    REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD        PREV YR % PERIOD       BASE %
Denominator #1:
User Pop w/ DM DX    4,585         4,123                   3,244

# w/any Microalbumunuria
 or positive Urine
 value               1,541  33.6   1,327  32.2    +1.4     739  22.8    +10.8

Denominator #2: Active
Clinical w/DM DX     3,750         3,407                   2,683

# w/any Microalbumunuria
 or positive Urine
 value               1,504  40.1   1,291  37.9    +2.2     703  26.2    +13.9

Denominator #3 (GPRA Indicator):
Active Diabetic Pts  3,578         3,219                   2,560

# w/any Microalbumunuria
 or positive Urine
 value               1,532  42.8   1,318  40.9    +1.9     735  28.7    +14.1

Denominator #4: (GPRA Indicator)
Adult Diabetic Pts   2,451         2,237                   1,875

# w/any Microalbumunuria
 or positive Urine
 value               1,306  53.3   1,124  50.2    +3.0     625  33.3    +20.0
```

Figure 7-13: Sample Report, Indicator 5

```
   List of Patients w/ denominator identified, Tests & Values, if any
PATIENT NAME             HRN    COMMUNITY     SEX AGE    VALUE
-------------------------------------------------------------------------
MURRAY,SOPHIA            104227 FACILITY #2    F   44  1,2,3,4;
HOWARD,RAY               196543 FACILITY #2    M   61  1,2,3,4; 02/22/02 M
STEVENSON,JOSHUA         154362 FACILITY #3    M   82  1;
WARNER,MARVIN            181359 COMMUNITY #4   M   74  1,2,3,4; 09/16/02 U TRACE
TURNER,PETER             161138 COMMUNITY #4   M   77  1,2,3,4; 12/14/01 U 6
SMYTHE,DANIELLE          199842 SITE,URBAN     F   27  1,2,3,4; 10/26/01 M
SANTOS,DANIELLE          114645 SITE,URBAN     F   52  1,2;
MCPHERSON,ELLIE          154561 SITE,URBAN     F   61  1,2,3; 02/05/02 U NEGATIVE
HOWELL,ELIZABETH         159640 SITE,URBAN     F   69  1,2,3,4; 09/04/02 M
WORRELL,BERNARD          186840 SITE,URBAN     M   56  1,2;
CLANCEY,BERT             114945 SITE,URBAN     M   61  1,2,3; 07/26/02 U NEGATIVE
SAUNDERS,JERRY           150083 SITE,URBAN     M   61  1,2,3,4; 05/01/02 U 3+
SINGLETON,LEON           210040 SITE,URBAN     M   64  1;
```

Figure 7-14: Sample Patient List, Indicator 5

7.2.6 Indicator 6: Diabetic Retinopathy

GPRA Indicator Description: (New GPRA indicator for FY03.) During FY 2003, increase the proportion of I/T/U clients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2002 rate.

> **NOTE:** The GPRA indicator reported at the national level only applies to three test sites for FY03. This indicator is included here because all sites are expected to report on this indicator beginning in FY05. The numerator is currently defined very broadly for retinal screening.

Denominators: see denominator definitions 1-4 in *section 7.1.3* Diabetes-specific Denominators above. Denominator 3 Active Diabetic Patients is the GPRA denominator.

Numerator 1: Patients receiving retinal screening in the year prior to the end of the Report period, defined as: diabetic eye exam; or a NON-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics; or a documented refusal of a diabetic eye exam.

Logic Description: DM AUDIT CREATININE TAX taxonomy is used for Denominator 4.

GPRA+ searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic eye exam		VExam code 03
NON-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	Provider codes 24, 79, 08
Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics	92250	Clinic codes 17, 18, 64, A2
Refusal of a diabetic eye exam		Refusals Exam: 03

Patient List Description: A list of all diabetic patients, with the number of the denominator definition that they meet. The date of any screenings described in the numerator with the code.

Indicator Targets:

IHS FY 2002 Performance	None (new indicator for FY03)
IHS 2010 Goal for % of diabetics with retinal exams	IHS target not set yet

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         *** IHS FY03 Local Clinical Performance Indicator Report ***
                                 DEMO SITE
                 Report Period: Oct 01, 2001 to Sep 30, 2002
             Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 6: Diabetic Retinopathy

                    REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD       BASE %

Denominator #1:
User Pop w/ DM DX    4,500        4,017                  2,780

# w/ Screening       1,938  43.1  1,846  46.0    -2.9      970  34.9    +8.2

Denominator 2: Active
Clinical w/DM DX     3,550        3,204                  2,279

# w/Screening        1,841  51.9  1,747  54.5    -2.7      919  40.3   +11.5

Denominator #3 (GPRA Indicator):
Active Diabetic Pts  3,486        3,163                  2,157

# w/Screening        1,921  55.1  1,832  57.9    -2.8      957  44.4   +10.7

Denominator #4:
Adult Diabetic Pts   1,574        1,404                    995

# w/Screening        1,104  70.1  1,064  75.8    -5.6      480  48.2   +21.9
```

Figure 7-15: Sample Report, Indicator 6

```
     List of Patients w/denominator identified & Eye exam status
PATIENT NAME             HRN     COMMUNITY     SEX AGE    VALUE
-------------------------------------------------------------------------------
MURRAY,SOPHIA            104227 FACILITY #2    F    44   1,2,3,4;
HOWARD,RAY              196543 FACILITY #2     M    61   1,2,3,4;02/22/02 Prov: 08
STEVENSON,JOSHUA        154362 FACILITY #3     M    82   1;
WARNER,MARVIN           181359 COMMUNITY #4    M    74   1,2,3,4; CPT 92014
TURNER,PETER            161138 COMMUNITY #4    M    77   1,2,3,4;
SMYTHE,DANIELLE         199842 SITE,URBAN      F    27   1,2,3,4;10/26/01 Cl: A2
SANTOS,DANIELLE         114645 SITE,URBAN      F    52   1,2;
HOWELL,ELIZABETH        159640 SITE,URBAN      F    69   1,2,3,4;09/04/02 Cl: 18
```

Figure 7-16: Sample Patient List, Indicator 6

7.2.7   Indicator 7: Women's Health: Pap Smear

GPRA Indicator Description: During FY 2003, maintain the proportion of eligible women who have had a Pap screen within the previous three years at the FY 2002 levels. [For FY 2003, "eligible women" has been defined as ages 18 through 64.]

Denominator 1: All females in the GPRA User Population ages 21 through 64 without a documented history of Hysterectomy.

Denominator 2: All females in the Active Clinical population ages 21 through 64 without a documented history of Hysterectomy.

Numerator 1: All females in the denominator who had a Pap Smear in the three years prior to the end of the Report period. Documented refusals are counted in this numerator.

Numerator 2 (subset of Numerator 1): Number of patients with documented refusal for pap smear.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18.

	CPT Codes	**ICD and Other Codes**
Hysterectomy		**V Procedure:** 68.3 – 68.7 or 68.9
Pap Smear	88141–88150; 88152–88158; 88164–88167	**VLab:** PAP SMEAR **POV:** V72.3 - Gynecologic Examination; V76.2-Screen Mal Neop-Cervix **V Procedure**: 91.46 **Women's Health Tracking:** procedure called Pap Smear
Refusal		**Refusals:** Lab Test Value Pap Smear

Patient List Description: A list of all female patients ages 21 through 64, with the number of the denominator definition that they meet. Displays date of pap smear, if any, and test code or file location.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	42%
IHS FY 2002 Performance	43%
IHS 2010 Goal for % of women with pap smears	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: ***HPAP***

2. Providers should document refusals; write "Refused" in Pap Order box on PCC form. Data entry mnemonic: ***REF*** (Lab Test Value, Date Refused).

```
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--------------------------------------------------------------------------
Indicator 7:  Women's Health: Pap Smear

                    REPORT     %   PREV YR    %  CHG from  BASE       %  CHG from
                    PERIOD         PERIOD        PREV YR % PERIOD        BASE %

Denominator #1: (GPRA Indicator)
# User Pop Women
21-64 years         16,035         15,306                  13,039

# w/Pap Smear recorded
 w/in 3 years        6,872  42.9   6,878  44.9    -2.1    5,315  40.8    +2.1
# Refusals with
 % of Total Pap          0   0.0       0   0.0    +0.0        0   0.0    +0.0

Denominator #2:
Active Clinical Women
21-64 years          8,200          7,877                   6,381

# w/Pap Smear recorded
 w/in 3 years        5,724  69.8   5,697  72.3    -2.5    4,335  67.9    +1.9
# Refusals
 w/ % of Total Pap       0   0.0       0   0.0    +0.0        0   0.0    +0.0
```

Figure 7-17: Sample Report, Indicator 7

```
List of women 21-64 w/denominator identified, test/refusal date and code
PATIENT NAME            HRN    COMMUNITY      SEX AGE    VALUE

--------------------------------------------------------------------------
DREW,PAMELA             107039 COMMUNITY #4    F    22   1,2;
HART,PAMELA             158744 COMMUNITY #4    F    22   1; 01/01/01 VLab
MADDOX,CHRIS            150681 COMMUNITY #4    F    31   1;
WHITE,TESS             127519 COMMUNITY #4    F    38   1;
RANDALL,LOUISE          137699 COMMUNITY #4    F    43   1,2; 02/01/02 VLab
RAMEY,JOSIE             180761 FACILITY #1     F    63   1,2; 02/12/99 V72.3
PARRISH,MARILYN         225331 FACILITY #2     F    22   1,2; 03/21/01 VLab
CARROLL,SYDNEY          105841 FACILITY #2     F    23   1,2; 03/02/02 WH
ZALE,GRETA              142432 FACILITY #2     F    23   1;
CLINTON,GLADYS          140260 FACILITY #2     F    25   1,2;
CARPENTER,MARILYN       134266 FACILITY #2     F    26   1,2; 08/01/01 V72.3
WENDT,HORTENCE          110719 FACILITY #2     F    40   1;
CLANCEY,CELESTE         164716 FACILITY #2     F    45   1,2;
WALTON,BERTHA           228031 FACILITY #2     F    50   1;
CURTIS,SHERRY           152570 SITE,RURAL      F    47   1,2;
WEST,KATHERINE          109085 SITE,URBAN      F    22   1;
```

Figure 7-18: Sample Patient List, Indicator 7

7.2.8   Indicator 8: Women's Health: Mammogram

GPRA Indicator Description: During FY 2003, maintain mammography screening for eligible women at the FY 2002 rate. [For FY 2003, "eligible women" has been defined as ages 50 through 69.]

Denominator 1: All females in the GPRA User Population ages 52 through 69 without a documented history of bilateral mastectomy.

Denominator 2: All females in the Active Clinical population ages 52 through 69 without a documented history of bilateral mastectomy.

Numerator 1: All females included in the denominator who had a Mammogram documented in the two years prior to the end of the Report period. Documented refusals are counted in this numerator.

Numerator 2 (subset of Numerator 1): Number of patients with documented refusal of a Mammogram.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 50-69 in the definition and 52-69 in the logic is because GPRA+ looks back 2 years for a procedure, i.e., when a patient who was 52 at the beginning of the Report period would have been 50.

	CPT Codes	**ICD and Other Codes**
Bilateral Mastectomy		**V Procedure:** 85.42, 85.44, 85.46, 85.48
Mammogram	**VRad or VCPT:** 76090–76092	**POV:** V76.11, V76.12 **V Procedure:** 87.35 – 87.37 **Women's Health:** Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat

Patient List Description: A list of all female patients ages 52 through 69 at the beginning of the Report period, with the number of the denominator definition that they meet. Displays date of mammogram, if any, and procedure code or file location.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	21%
IHS FY 2002 Performance	25%
IHS 2010 Goal for % of women with mammogram	70%

Performance Improvement Tips:

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: *HRAD.*

2. Providers should document refusals; write "Refused" in Mammogram Order box on PCC form. Data entry mnemonic: *REF* (Mammogram, Procedure Code, Date Refused).

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--------------------------------------------------------------------------------
Indicator 8:  Women's Health: Mammogram Rates


                   REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                   PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Denominator #1: (GPRA Indicator)
# User Pop Women
52-69 years         1,831          1,678                   1,314

# w/Mammogram recorded
 w/in 2 years         231  12.6      254  15.1     -2.5      110  8.4     +4.2
# Refusals w/ % of
 total Mammograms       0   0.0        0   0.0     +0.0        0  0.0     +0.0

Denominator #2:
# Active Clinical Women
52-69 years         1,260          1,155                     883

# w/Mammogram recorded
 w/in 2 years         226  17.9      246  21.3     -3.4      104 11.8     +6.2
# Refusals w/ % of
 Total Mammograms       0   0.0        0   0.0     +0.0        0  0.0     +0.0
```

Figure 7-19: Sample Indicator 8

```
List of women 52-69 w/denominator identified and Mammogram/refusal date
PATIENT NAME              HRN     COMMUNITY     SEX AGE   VALUE
------------------------------------------------------------------------------
RAMEY,JOSIE               380761 FACILITY #1    F   63  1,2;
HURST,MAGGIE              106386 FACILITY #2    F   54  1,2; 10/14/00 V76.12
MANUEL,RITA              112345 FACILITY #2    F   69  1;
RANDALL,DALE             211340 SITE,URBAN     F   53  1,2; 01/22/02 ref
ROSE,NANETTE             212345 SITE,URBAN     F   57  1;
CEPEDA,ROXANNE           197744 SITE,URBAN     F   58  1,2; 12/09/00 76091
MCPHERSON,ELLIE          154561 SITE,URBAN     F   61  1,2; 10/16/01 V76.12
HOWELL,ELIZABETH         123456 SITE,URBAN     F   69  1,2; 12/07/00 76091
```

Figure 7-20: Sample Patient List, Indicator 8

7.2.9   Indicator 13: Oral Health: Access to Dental Services

Indicator Description: During FY 2003, maintain the proportion of the AI/AN population that obtain access to dental services at the FY 2002 level.

Denominator: Same as FY02. All patients in the GPRA User Population.

Numerator: Patients in the denominator who had a dental ADA code 0000 or 0190 documented during the year prior to the end of the Current period.

Logic Description: The V Dental file in PCC is searched for an ADA code of 0000 or 0190.

Patient List Description: List of patients with documented dental visit only, with date and code.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	21%
IHS FY 2002 Performance	26%
IHS 2010 Goal for % of population with dental visit.	40%

```
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                  Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 13:  Oral Health - Access to Dental Services

Denominator is all GPRA User Population patients.

Numerator is any patient with dental ADA code 0000 or 0190 documented in
the year prior to the end of the Report period.

Maintain at the FY2002 level the proportion of the AI/AN population who
obtain access to dental services.  FY2002: 27%  IHS 2010 Goal: 40%

                     REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD         PERIOD         PREV YR % PERIOD      BASE %

# User Population      5,989          5,886                  5,647


# w/ADA codes 0000 or
 0190 in past year    1,344  22.4    1,809  30.7    -8.3   1,401  24.8    -2.4
```
Figure 7-21: Sample Report, Indicator 13

```
     List of patients with documented dental visits only and date
PATIENT NAME              HRN     COMMUNITY      SEX AGE   VALUE
--------------------------------------------------------------------------------
MADDOX,CHRIS             150681 COMMUNITY #4    F   31   12/26/01;0190
WHITE,HENRY              183352 COMMUNITY #4    M   9    09/14/02;0000
TURNER,PETER             161138 COMMUNITY #4    M   77   08/01/02;0000
RAMEY,JOSIE              180761 FACILITY #1     F   63   09/06/02;0190
NORTH,VALERIE            151778 FACILITY #2     F   15   07/10/02;0000
KINGSLEY,LENA            103143 FACILITY #2     F   38   02/23/02;0000
GRANT,ADAM               321098 FACILITY #2     M   9    11/09/01;0000
KENT,FRED                164814 FACILITY #2     M   16   04/13/02;0000
HOWARD,RAY               890123 FACILITY #2     M   61   08/16/02;0190
CURTIS,SHERRY            654321 SITE,RURAL      F   47   05/23/02;0190
BLUE,ANDREA              184447 SITE,URBAN      F   10   04/06/02;0000
SMYTHE,DANIELLE          123456 SITE,URBAN      F   27   03/05/02;0190
```
Figure 7-22: Sample Patient List, Indicator 13

7.2.10   Indicator 14: Oral Health: Dental Sealants

Indicator Description: During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.

Denominator: No denominator.   This indicator is a total count only, not a percentage.

Numerator: The total number of dental sealants (code 1351) during the year prior to the end of the Current Report period. Breakout by the following age groups: <12, 12-18, >18.

Logic Description: Age breakouts are based on Healthy People 2010 age groups for dental sealants.

The V Dental file in PCC is searched for any documented ADA code 1351.

Patient List Description: Displays list of patients who had sealants and the number of sealants received in the year prior to the end of the Current Report period.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	212,612
IHS FY 2002 Performance	227,945
IHS 2003 Goal	228,000

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-------------------------------------------------------------------------------
Indicator 14:  Oral Health - Dental Sealants

The number (count) of dealant sealants (code 1351) during the year
prior to the end of the Report period.  Broken down into three age groups:
under 12, 12 through 18, and 19 and older

Maintain the number of sealants placed per year in AI/AN children at the
FY2002 level.  FY2002 all IHS = 227,945.

                     REPORT          PREV YR       CHG from  BASE          CHG from
                     PERIOD    %   PERIOD    %    PREV YR   PERIOD    %  BASE
Total # of Sealants
 documented          30,955        25,611          +5,344   12,461        +18,494


# Dental Sealants
 documented < 12     11,748 38.0   10,424 40.7    +1,324    6,037  48.4   +5,711


# Dental Sealants
 documented 12-18    14,424 46.6   11,864 46.3    +2,560    5,083  40.8   +9,341


# Dental Sealants
 documented >18       4,783 15.5    3,323 13.0    +1,460    1,341  10.8   +3,442
```

Figure 7-23: Sample Report, Indicator 14

```
   List of patients with number of Sealants in time period
PATIENT NAME             HRN     COMMUNITY      SEX AGE    VALUE
-------------------------------------------------------------------------------
DREW,PAMELA              107039 COMMUNITY #4    F    22   1 sealants
WHITE,HENRY              183352 COMMUNITY #4    M    9    4 sealants
SPICER,MIKE              202242 COMMUNITY #4    M    16   4 sealants
HAYWARD,RILEY            157047 FACILITY #2     F    14   8 sealants
NORTH,VALERIE            165432 FACILITY #2     F    15   4 sealants
RITTER,SARAH             200942 FACILITY #2     F    18   3 sealants
ELLIOTT,ERIC            234561 FACILITY #2     M    8    2 sealants
HAYWARD,ARTHUR           151478 FACILITY #2     M    15   14 sealants
KENT,FRED                654321 FACILITY #2     M    16   5 sealants
JONES,STACY              165616 SITE,URBAN      F    12   1 sealants
PAYTON,CELESTE           123456 SITE,URBAN      F    19   5 sealants
```

Figure 7-24: Sample Patient List, Indicator 14

7.2.11   Indicator 15: Oral Health: Diabetic Access to Dental Services

Indicator Definition: During FY 2003, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2002 level.

Denominator: Same as Denominator #3 from Diabetes indicators 2-6.   Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. .

Numerator: Patients in the denominator who had a dental ADA code 0000 or 0190 documented during the year prior to the end of the Report period.

Indicator Logic: The V Dental file in PCC is searched for an ADA code of 0000 or 0190.

Patient List Description: List of Active Diabetic patients and date of dental visit and code, if any.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	32%
IHS FY 2002 Performance	NA
HP 2010 Goal for % of diabetic population with dental visit.	75%

```
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                  Report Period: Oct 01, 2001 to Sep 30, 2002
              Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 15:  Oral Health - Access to Dental Service for Diabetic
Patients

Denominator: Active Diabetic Patients, defined as all Active Clinical
patients diagnosed with diabetes at least one year prior to the Report
period, AND at least 2 visits in the past year, AND 2 DM-related visits
ever.
Numerator is any patient with dental ADA code 0000 or 0190 documented in
the year prior to the end of the Report period.

Increase 2% over the FY2002 level the proportion of the AI/AN population
diagnosed with diabetes who obtain access to dental services.
FY2001: 34%  FY2002: NA  HP2010 Goal: 75%

                    REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD         PERIOD        PREV YR % PERIOD       BASE %

# Active Diabetics   1,586          1,417                   1,005

# w/ADA codes 0000 or
 0190 in past yr      566  35.7      540  38.1    -2.4      295  29.4     +6.3
```
Figure 7-25: Sample Report, Indicator 15.

```
     List of diabetic patients and documented dental visits with date
PATIENT NAME              HRN    COMMUNITY      SEX AGE    VALUE
-------------------------------------------------------------------------------
MURRAY,SOPHIA             104227 FACILITY #2     F   44
HOWARD,RAY               196543 FACILITY #2      M   61   08/16/02;0190
WARNER,MARVIN            987654 COMMUNITY #4     M   74   02/09/02;0000
TURNER,PETER            161138 COMMUNITY #4      M   77   10/01/01;0000
SMYTHE,DANIELLE         199842 SITE,URBAN        F   27
HOWELL,ELIZABETH        654321 SITE,URBAN        F   69   09/06/02;0190
SAUNDERS,JERRY          150083 SITE,URBAN        M   61   01/14/02;0000
```
Figure 7-26: Sample Patient List, Indicator 15.

7.2.12   Indicator 23: Public Health Nursing

Indicator Definition: During FY 2003, maintain the total number of public health nursing (PHN) services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2002 workload levels.

The reports for the PHN indicator count two different types of data: patient data and visit data. The GPRA indicator is based on *visit* data.

Patient Data

Denominator 1: All GPRA User Population patients.

Numerator 1 related to Denominator 1: Patients served by PHNs in any setting.

Numerator 2 related to Denominator 2: Patients served by PHNs in Home setting.

Visit Data

Denominator 2 (GPRA Indicator): Total number of PHN visits in any setting.

Denominator 3 (GPRA Indicator): Total number of PHN visits in Home setting.

Numerator 1: Neonate (0-28 days);

Numerator 2: Infants (29 days - 12 months);

Numerator 3: Patients ages 1-64.

Numerator 4: Elders (age 65 and older).

Logic Description: A PHN visit is defined as any visit on which the primary or secondary provider has a provider discipline of 13 or 32. Visits in any setting include all PHN visits. Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME; the location used for HOME is entered by the user in the Site Parameters menu option from the System Setup menu (see *section 4.2 Site Parameters*).

Patient List Description: List of any patient who has received PHN visit of any type, indicating number of PHN visits in any setting and number of Home visits.

Indicator Past Performance and Targets:

	All PHN visits	**PHN Home visits**
IHS FY 2001 Performance	371,548	127,773
IHS FY 2002 Performance	383,436	153,852
IHS 2010 Goal	None currently	None currently

```
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              Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------
Indicator 23:  Public Health Nursing


                     REPORT        PREV YR      CHG from  BASE       CHG from
                     PERIOD    %   PERIOD    %  PREV YR   PERIOD   %  BASE
Denominator #1:
# User Population   57,700        55,936                 47,993

# patients served by PHNs
 in any setting      2,526   4.4   3,766   6.7    -2.4    2,045  4.3     +0.1
# patients served by PHNs
 in a home setting     849   1.5     981   1.8    -0.3      591  1.2     +0.2


Denominator #2 (GPRA Indicator):
 Total # PHN visits -
 any Setting          6,062        8,855              -2  4,538             1

# of PHN visits age 0-28
 days - any Setting     17   0.3      40   0.5     -23      61  1.3      -44

# PHN visits age 29d-12m
 any Setting            422   7.0   1,340  15.1    -918     212  4.7      210

# PHN visits age 1-64
 any Setting          5,241  86.5   7,016  79.2      -1   4,042 89.1        1

# PHN visits age 65+
 any Setting            382   6.3     459   5.2     -77     223  4.9      159


Denominator #3 (GPRA Indicator):
 Total # of PHN Visits -
 Home Setting         2,560        2,507              53  1,448             1

# PHN visits age 0-28 days
 Home Setting            17   0.7      34   1.4     -17      52  3.6      -35

# PHN visits age 29d-12m
 Home Setting           206   8.0     247   9.9     -41     105  7.3      101

# PHN visits age 1-64
 Home Setting         2,074  81.0   1,948  77.7     126   1,146 79.1      928

# PHN visits age 65+
 Home Setting           263  10.3     278  11.1     -15     145 10.0      118
```

Figure 7-27: Sample Report, Indicator 23.

```
      List of patients with PHN visits (All and Home) documented
PATIENT NAME              HRN    COMMUNITY     SEX AGE   VALUE
--------------------------------------------------------------------------
BRANTLEY,FLORENCE         225531 FACILITY #2    F    2   3 all PHN; 2 home
CARROLL,SYDNEY            665841 FACILITY #2    F   23   1 all PHN; 0 home
ELLIS,CELESTE             140162 FACILITY #2    F   73   1 all PHN; 0 home
HOWARD,RAY                196543 FACILITY #2    M   61   1 all PHN; 0 home
CURTIS,SHERRY             152570 SITE,RURAL     F   47   2 all PHN; 1 home
BELL,CHRIS                778831 SITE,URBAN     M    0   1 all PHN; 1 home
BUTCHER,JON               990232 SITE,URBAN     M    2   1 all PHN; 0 home
WHITT,RALPH               229031 SITE,URBAN     M    2   1 all PHN; 0 home
SMITH,JOHN                190230 SITE,URBAN     M    8   1 all PHN; 0 home
```

Figure 7-28: Sample Patient List, Indicator 23.

7.2.13   Indicator 25: Adult Immunizations: Influenza

GPRA Indicator Definition: In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

Denominator 1: All GPRA User Population patients ages 50 or older at the beginning of the time period.

Denominator 1A (subset of Denominator 1): All GPRA User Population patients who were ages 50-64 at the beginning of the time period.

Denominator 1B (subset of Denominator 1) (GPRA Indicator): All GPRA User Population patients who were ages 65 and older at the beginning of the time period.

Denominator 2: All Active Clinical patients ages 50 or older at the beginning of the time period.

Denominator 2A (subset of Denominator 1): All Active Clinical patients who were age 50-64 at the beginning of the time period.

Denominator 2B (subset of Denominator 1): All Active Clinical patients who were ages 65 and older at the beginning of the time period.

Denominator 3: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Patients in the denominator with Influenza vaccine documented in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. . Influenza vaccine is defined in the following ways:

	CPT Codes	**ICD and Other Codes**

Influenza Vaccine	90657-90660	**Immunization Code:** 88 or 12 (old code)
		POV: V04.8, V06.6
		ICD Procedure: 99.52

Patient List Description: List of Patients ages 50 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Influenza Vaccine, if any, and corresponding code.

GPRA Indicator Past Performance and Targets:

IHS FY 2001 Performance	35%
IHS FY 2002 Performance	31%
HP 2010 Goal for % of patients => 65	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: ***HIM***

2. Providers should document refusals; write "Refused" in Influenza Order box on PCC form. Data entry mnemonic: ***REF*** (Immunization, Value, Date Refused).

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                Baseline Period:  Jan 01, 1999 to Dec 31, 1999
-------------------------------------------------------------------------------
Indicator 25:  Adult Immunizations - Influenza Vaccine


                     REPORT    %   PREV YR   %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD       PREV YR % PERIOD       BASE %
Denominator #1:
# User Pop ages
50 and older            915           852                    750

Total # w/Flu vaccine
 documented             441   48.2    351  41.2    +7.0     283  37.7    +10.5

Denominator 1A: # User Pop ages
50-64                   566           530                    491

Total # w/Flu vaccine
 documented             271   47.9    203  38.3    +9.6     161  32.8    +15.1

Denominator 1B: # User Pop ages
65 and older            349           322                    259

Total # w/Flu vaccine
 documented             170   48.7    148  46.0    +2.7     122  47.1     +1.6


Denominator #2: # Active
Clinical ages =>50      769           732                    627

Total # w/Flu vaccine
 documented             414   53.8    345  47.1    +6.7     278  44.3     +9.5

Denominator 2A: # Active Clinical
ages 50-64              468           452                    401

Total # w/Flu vaccine
 documented             254   54.3    198  43.8   +10.5     159  39.7    +14.6

Denominator 2B: # Active Clinical ages
65 and older            301           280                    226

Total # w/Flu vaccine
 documented             160   53.2    147  52.5    +0.7     119  52.7     +0.5


Denominator #3: # Diabetic Patients
=> 19 years             634           597                    514

Total # w/Flu vaccine
 documented             383   60.4    344  57.6    +2.8     269  52.3     +8.1
```

Figure 7-29: Sample Report, Indicator 25

```
List of Patients >= 50 yrs or DM DX with date of Influenza Vaccine, if any
PATIENT NAME            HRN     COMMUNITY      SEX AGE    VALUE
--------------------------------------------------------------------------
MCCLENNY,PAUL           203342 COMMUNITY #4    M   69   1;
WARNER,MARVIN           181359 COMMUNITY #4    M   74   1,2,3; 01/03/02 V04.8
WRIGHT,CHRIS            159840 COMMUNITY #4    M   85   1,2,;
RAMEY,JOSIE             180761 FACILITY #1     F   63   1,2; 01/01/02 Imm 88
MANUEL,DOUGLAS          136125 FACILITY #1     M   51   1;
MURRAY,SOPHIA           104227 FACILITY #2     F   44   3; 02/22/02 Imm 88
MANUEL,RITA             158144 FACILITY #2     F   69   1,;
ELLIS,CELESTE           140162 FACILITY #2     F   73   1,2; 12/05/01 Imm 88
MOCKBE,MARVIN           115750 FACILITY #2     M   62   1,2,; 01/09/02 Imm 88
KETCHUP,ABRAHAM         203442 FACILITY #2     M   81   1,2;
STEVENSON,JOSHUA        154362 FACILITY #3     M   24   3;
SMYTHE,DANIELLE         199842 SITE,URBAN      F   27   3; 01/30/02 Imm 88
ROSE,NANETTE            223632 SITE,URBAN      F   50   1,;
MCPHERSON,ELLIE         154561 SITE,URBAN      F   61   1,2,; 11/30/01 90657
```

Figure 7-30: Sample Patient List, Indicator 25.

7.2.14   Indicator 26: Adult Immunizations: Pneumococcal

GPRA Indicator Definition (New for FY03)**:** In FY 2003, maintain the FY 2002 rate for pneumococcal vaccination levels among non-institutionalized adults age 65 years and older.

Denominator 1: All GPRA User Population patients ages 65 or older at the beginning of the time period.

Denominator 2: All Active Clinical patients ages 65 or older at the beginning of the time period.

Denominator 3: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Patients in the denominator with pneumovax documented *at any time* prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

	CPT Codes	ICD and Other Codes
Pneumovax	90732	**Immunization codes:** 33 - Pneumococcal Polysaccaride Vaccine; 100 – Pneumococcal Conjugate Vaccine; 19 (old code)
		POV: V06.6; V03.89, V03.82
		V Procedure: 99.55

Patient List Description: List of Patients ages 65 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Pneumovax, if any, and corresponding code.

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of patients => 65	90%

Performance Improvement Tips:

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: ***HIM***

2. Providers should document refusals; write "Refused" in Pneumo Vax Order box on PCC form. Data entry mnemonic: ***REF*** (Immunization, Value, Date Refused).

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                Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                   Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-----------------------------------------------------------------------------
Indicator 26:  Adult Immunizations - Pneumovax


                     REPORT     %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Denominator #1: (GPRA Indicator)
# User Pop Total
=> 65                1,124          1,072                    860


Total # w/Pneumovax
 documented           586  52.1     556  51.9    +0.3      317  36.9    +15.3


Denominator #2: # Active
Clinical =>65         797           732                     555


Total # w/Pneumovax
 documented           532  66.8     501  68.4    -1.7      293  52.8    +14.0


Denominator #3: # Active
Diabetic Patients   1,574          1,404                    995


Total # w/Pneumovax
 documented         1,146  72.8   1,065  75.9    -3.0      599  60.2    +12.6
```

Figure 7-31: Sample Report, Indicator 26

```
      List of Patients >= 65 yrs or DM DX with date of Pneumovax, if any
PATIENT NAME              HRN     COMMUNITY      SEX AGE    VALUE

-----------------------------------------------------------------------------
MCCLENNY,PAUL             203342 COMMUNITY #4     M    69   1;
WARNER,MARVIN             181359 COMMUNITY #4     M    74   1,2,3; 12/07/93 Imm 33
TURNER,PETER             161138 COMMUNITY #4     M    77   1,2,3; 09/06/02 99.55
WRIGHT,CHRIS             159840 COMMUNITY #4     M    85   1,2;
MURRAY,SOPHIA            104227 FACILITY #2      F    44   3; 09/20/96 Imm 33
MANUEL,RITA              158144 FACILITY #2      F    69   1;
ELLIS,CELESTE           140162 FACILITY #2      F    73   1,2,; 09/23/98 V03.89
LUNDY,MAUDE             151378 FACILITY #2      F    76   1,2; 12/08/00 Imm 33
HOWARD,RAY              196543 FACILITY #2      M    61   3; 12/15/00 Imm 100
KETCHUP,ABRAHAM         203442 FACILITY #2      M    81   1,2; 10/18/96 Imm 33
STEVENSON,JOSHUA        154362 FACILITY #3      M    24   3;
MORENO,DALLAS           106826 FACILITY #3      M    80   1,;
PITT,LUCAS              156847 FACILITY #3      M    84   1;
SMYTHE,DANIELLE         199842 SITE,URBAN       F    27   3; 01/30/01 Imm 33
HOWELL,ELIZABETH        159640 SITE,URBAN       F    69   1,2,3; 10/17/96 90732
WEST,DEBBIE             160639 SITE,URBAN       F    77   1;
POOLEY,LOUISE           108765 SITE,URBAN       F    81   1,2,; 01/01/95 Imm 33
SAUNDERS,JERRY          150083 SITE,URBAN       M    37   3;
CHAMBLIS,GENE           208640 SITE,URBAN       M    74   1;
```

Figure 7-32: Sample Patient List, Indicator 26

7.2.15   Indicator 30-1: Cardiovascular Disease Prevention: Lipids Assessment

GPRA Indicator Definition: During FY 2003, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)

Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:

- ***** Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal)* [GPRA+ Indicator 30-1]**

- Hypertension (% of adults with HTN, % treated, % at goal) **[GPRA+ Indicator 30-2]**

- Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes **[GPRA+ Indicator H]**

- Tobacco Usage Rates **[GPRA+ Indicator H]**

- Number of Clients in Tobacco cessation programs **[GPRA+ Indicator H]**

- Number of people who have successfully quit (Quit = not had a cigarette in a year) **[GPRA+ Indicator H]**

- Obesity rates measured by BMI **[GPRA+ Indicator 31]**

- Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes **[GPRA+ Indicator C-1]**

Denominator 1: All GPRA User Population patients ages 45 and over at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever).

Denominator 2: All Active Clinical patients ages 45 and over at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever).

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

Numerator 1: Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three) in the five years prior to the end of the Report period.

Numerator 2: Patients with LDL less than or equal to (<=) 100.

Numerator 3: Patients with LDL between 101-130.

Numerator 4: Patients with LDL between 131-160.

Numerator 5: Patients with LDL greater than (>) 160.

Logic Description: Age of the patient is calculated at the beginning of the Report period. For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the five years prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: List of Patients ages 45 or older with appropriate denominator identified. The date of any tests described in the numerators, with the LDL value, if any.

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of adults who had blood cholesterol checked in past 5 years	80%

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              Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-----------------------------------------------------------------------------
Indicator 30-1:  Cardiovascular Disease Prevention: Lipids Assessment


                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD      BASE %

Denominator #1: User Pop
>45 w/ no DM DX       3,956          3,745                 3,121

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded            1,277  32.3     942  25.2    +7.1       24  0.8    +31.5
# w/LDL result
 =<100                 509  12.9     409  10.9    +1.9       91  2.9    +10.0
# w/LDL result
 101-130               502  12.7     408  10.9    +1.8       93  3.0     +9.7
# w/LDL result
 131-160               273   6.9     218   5.8    +1.1       71  2.3     +4.6
# w/LDL result
 >160                   91   2.3      66   1.8    +0.5       32  1.0     +1.3

Denominator #1:  Male
User Pop >45
w/ no DM DX          1,625          1,532                 1,283

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded              442  27.2     323  21.1    +6.1        7  0.5    +26.7
# w/LDL result
 =<100                 169  10.4     120   7.8    +2.6       22  1.7     +8.7
# w/LDL result
 101-130               188  11.6     151   9.9    +1.7       33  2.6     +9.0
# w/LDL result
 131-160                87   5.4      78   5.1    +0.3       29  2.3     +3.1
# w/LDL result
 >160                   30   1.8      21   1.4    +0.5        7  0.5     +1.3

Denominator #1: Female
User Pop >45
w/ no DM DX          2,331          2,213                 1,838

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded              835  35.8     619  28.0    +7.9       17  0.9    +34.9
# w/LDL result
 =<100                 340  14.6     289  13.1    +1.5       69  3.8    +10.8
# w/LDL result
 101-130               314  13.5     257  11.6    +1.9       60  3.3    +10.2
# w/LDL result
 131-160               186   8.0     140   6.3    +1.7       42  2.3     +5.7
# w/LDL result
 >160                   61   2.6      45   2.0    +0.6       25  1.4     +1.3
Indicator 30-1 (con't):  Cardiovascular Disease Prevention: Lipids
```

```
Denominator #2: Active Clinical
>45 w/ no DM DX        1,820           1,707                   1,368

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded             1,131  62.1      861  50.4    +11.7      22   1.6    +60.5
# w/LDL result
 =<100                  437  24.0      360  21.1     +2.9      80   5.8    +18.2
# w/LDL result
 101-130                444  24.4      366  21.4     +3.0      81   5.9    +18.5
# w/LDL result
 131-160                226  12.4      189  11.1     +1.3      64   4.7     +7.7
# w/LDL result
 >160                    75   4.1       55   3.2     +0.9      30   2.2     +1.9

Denominator #2: Male Active Clinical
>45 w/ no DM DX          588            540                     421

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded               380  64.6      286  53.0    +11.7       7   1.7    +63.0
# w/LDL result
 =<100                  142  24.1      100  18.5     +5.6      20   4.8    +19.4
# w/LDL result
 101-130                159  27.0      134  24.8     +2.2      29   6.9    +20.2
# w/LDL result
 131-160                 70  11.9       64  11.9     +0.1      24   5.7     +6.2
# w/LDL result
 >160                    20   3.4       15   2.8     +0.6       6   1.4     +2.0

Denominator #2: Female Active Clinical
>45 w/ no DM DX        1,232          1,167                     947

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded               751  61.0      575  49.3    +11.7      15   1.6    +59.4
# w/LDL result
 =<100                  295  23.9      260  22.3     +1.7      60   6.3    +17.6
# w/LDL result
 101-130                285  23.1      232  19.9     +3.3      52   5.5    +17.6
# w/LDL result
 131-160                156  12.7      125  10.7     +2.0      40   4.2     +8.4
# w/LDL result
 >160                    55   4.5       40   3.4     +1.0      24   2.5     +1.9

Indicator 30-1 (con't):  Cardiovascular Disease Prevention: Lipids

Denominator #3: Active Diabetic
Patients >45            954            856                     611

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded               899  94.2      758  88.6     +5.7      15   2.5    +91.8
# w/LDL result
 =<100                  415  43.5      340  39.7     +3.8      72  11.8    +31.7
# w/LDL result
 101-130                324  34.0      281  32.8     +1.1      48   7.9    +26.1
# w/LDL result
```

```
 131-160                  126  13.2      123  14.4      -1.2       31   5.1     +8.1
# w/LDL result
 >160                      41   4.3       24   2.8      +1.5       17   2.8     +1.5


Denominator #3: Male Active Diabetic
Patients >45              328           285                       196

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded                312  95.1      265  93.0      +2.1        8   4.1    +91.0
# w/LDL result
 =<100                   147  44.8      121  42.5      +2.4       29  14.8    +30.0
# w/LDL result
 101-130                 109  33.2       88  30.9      +2.4       19   9.7    +23.5
# w/LDL result
 131-160                  40  12.2       49  17.2      -5.0       14   7.1     +5.1
# w/LDL result
 >160                     16   4.9        7   2.5      +2.4        4   2.0     +2.8

Denominator #3: Female Active Diabetic
Patients >45              626           571                       415

# w/Lipid Profile OR
 TG & HDL & LDL
 recorded                587  93.8      493  86.3      +7.4        7   1.7    +92.1
# w/LDL result
 =<100                   268  42.8      219  38.4      +4.5       43  10.4    +32.5
# w/LDL result
 101-130                 215  34.3      193  33.8      +0.5       29   7.0    +27.4
# w/LDL result
 131-160                  86  13.7       74  13.0      +0.8       17   4.1     +9.6
# w/LDL result
 >160                     25   4.0       17   3.0      +1.0       13   3.1     +0.9
```

Figure 7-33: Sample Report, Indicator 30-1

```
   List of Patients w/ denominator identified & Documented Lipid Values
PATIENT NAME             HRN     COMMUNITY      SEX AGE    VALUE
------------------------------------------------------------------------------
WARNER,MARVIN            181359 COMMUNITY #2    M    60  1,2; LP; 12/06/01 126
LEWIS,TRAVIS MARTIN      68816  COMMUNITY #4    M    46  3;
MURRAY,SOPHIA ANNA       104227 FACILITY #2     F    45  1; LP; 09/13/02 94
NEWTON,HAROLD S          103321 FACILITY #2     M    51  1,2; LP; 02/20/02 97
ESPINOZA,EMMA VALDEZ     30986  FACILITY #3     F    46  1,2; LP; 05/02/02 137
COOK,CHRISTINE MARTIN    173546 FACILITY #3     F    50  3;
LEWIS,ERNESTINE LYMAN    53906  FACILITY #3     F    60  1;
DOKA,REGINALD            12543  FACILITY #3     M    51  1,2;
WORRELL,BERNARD          186840 FACILITY #3     M    55  1,2;
GUERRERO,LORENIA         58069  SITE,RURAL      F    48  1; LP; 02/05/02 139
BEGAY,EMMARIETA          172489 SITE,RURAL      F    67  3;
MULTINE,CHARLENE ANN     178915 SITE,RURAL      F    73  1;
SANTOS,LINDA             114645 SITE,URBAN      F    52  1,2;
SAUNDERS,JERRY           150083 SITE,URBAN      M    61  3; LP; 08/12/02 150
```

Figure 7-34: Sample Patient List, Indicator 30-1

7.2.16   Indicator 30-2: Cardiovascular Disease Prevention: Hypertension

GPRA Indicator Definition: During FY 2003, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)

Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:

- Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) **[GPRA+ Indicator 30-1]**
- *** *Hypertension (% of adults with HTN, % treated, % at goal)* **[GPRA+ Indicator 30-2]**
- Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes **[GPRA+ Indicator H]**
- Tobacco Usage Rates **[GPRA+ Indicator H]**
- Number of Clients in Tobacco cessation programs **[GPRA+ Indicator H]**
- Number of people who have successfully quit (Quit = not had a cigarette in a year) **[GPRA+ Indicator H]**
- Obesity rates measured by BMI **[GPRA+ Indicator 31]**
- Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes **[GPRA+ Indicator C-1]**

Denominator 1: All GPRA User Population patients ages 45 and older at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever). Broken out by gender.

Denominator 2: All Active Clinical patients ages 45 and older at the beginning of the Report period who are not diabetic (no diagnosis 250.00-250.93 ever). Broken out by gender.

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 45 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

Numerator 1: Patients with **optimal** Blood Pressure (BP), defined as the mean systolic value is less than or equal to (<=) 130 AND the mean diastolic value is less than or equal to (<=) 80.

Numerator 2: Patients with **controlled** Blood Pressure (BP), defined as mean systolic value greater than (>) 130 and less than or equal to (<=) 139 AND mean diastolic value greater than (>) 80 and less than or equal to (<=) 90.

Numerator 3: Patients with **uncontrolled** Blood Pressure (BP), defined as mean systolic value greater than (>) 139 and less than or equal to (<=) 159 AND mean diastolic value greater than (>) 90 and less than or equal to (<=) 100.

Numerator 4: Patients with **severe uncontrolled** Blood Pressure (BP), defined as mean systolic value greater than (>) 159 AND mean diastolic value greater than (>) 100.

Numerator 5: Patients with **undetermined** BP, defined as patients with less than 2 blood pressures documented at non-ER visits in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period.

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is *least* controlled determines the category.

Patient List Description: A list of all patients ages 45 and older, with the number of the denominator definition that they meet. Displays the mean blood pressure value, if any, and designates OPT for Optimal (Numerator 1), CON for Controlled (Numerator 2), UNC for Uncontrolled (Numerator 3), and SUNC for Severe Uncontrolled (Numerator 4).

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	None (new indicator)
HP 2010 Goal for % of adults with high blood pressure (140/90)	16%

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              Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator 30-2:  Cardiovascular Disease Prevention: Hypertension


                     REPORT    %   PREV YR    %  CHG from  BASE     %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD      BASE %

Denominator #1: User Pop
>45 w/ no DM DX      3,956         3,745                   3,121

w/ Optimal BP
 =< 130/80             686  17.3     631  16.8     +0.5     526  16.9    +0.5
# w/ Controlled BP
 (>130/80, =< 139/90)  302   7.6     253   6.8     +0.9     181   5.8    +1.8
# w/ Uncontrolled BP
 (>130/90, =<159/100)  416  10.5     380  10.1     +0.4     240   7.7    +2.8
# w/ Severe uncontrolled
 BP >159/100            95   2.4      80   2.1     +0.3      60   1.9    +0.5
# w/Undetermined
 BP                   2,457  62.1   2,401  64.1    -2.0   2,114  67.7    -5.6

Denominator #1:  Male User Pop
>45 w/ no DM DX      1,625         1,532                   1,283

w/ Optimal BP
 =< 130/80             195  12.0     179  11.7     +0.3     154  12.0    -0.0
# w/ Controlled BP
 (>130/80, =< 139/90)   94   5.8      89   5.8     -0.0      59   4.6    +1.2
# w/ Uncontrolled BP
 (>130/90, =<159/100)  167  10.3     145   9.5     +0.8      79   6.2    +4.1
# w/ Severe uncontrolled
 BP >159/100            29   1.8      22   1.4     +0.3      17   1.3    +0.5
# w/Undetermined
 BP                   1,140  70.2   1,097  71.6    -1.5     974  75.9    -5.8

Denominator #1: Female User Pop
 >45 w/ no DM DX      2,331         2,213                   1,838

w/ Optimal BP
 =< 130/80             491  21.1     452  20.4     +0.6     372  20.2    +0.8
# w/ Controlled BP
 (>130/80, =< 139/90)  208   8.9     164   7.4     +1.5     122   6.6    +2.3
# w/ Uncontrolled BP
 (>130/90, =<159/100)  249  10.7     235  10.6     +0.1     161   8.8    +1.9
# w/ Severe uncontrolled
 BP >159/100            66   2.8      58   2.6     +0.2      43   2.3    +0.5
# w/Undetermined
 BP                   1,317  56.5   1,304  58.9    -2.4   1,140  62.0    -5.5
```

```
Indicator 30-2 (con't):  Cardiovascular Disease Prevention: Hypertension

Denominator #2: Active Clinical
>45 w/ no DM DX        1,820           1,707                    1,368

w/ Optimal BP
 =< 130/80             622  34.2       574  33.6      +0.5      465  34.0      +0.2
# w/ Controlled BP
 (>130/80, =< 139/90)  265  14.6       224  13.1      +1.4      173  12.6      +1.9
# w/ Uncontrolled BP
 (>130/90, =<159/100)  371  20.4       337  19.7      +0.6      225  16.4      +3.9
# w/ Severe uncontrolled
 BP >159/100            86   4.7        71   4.2      +0.6       59   4.3      +0.4
# w/Undetermined
 BP                    476  26.2       501  29.3      -3.2      446  32.6      -6.4


Denominator #3: Active Diabetic
Patients >45           954            856                       611

w/ Optimal BP
 =< 130/80             366  38.4       289  33.8      +4.6      228  37.3      +1.0
# w/ Controlled BP
 (>130/80,
 =< 139/90)            195  20.4       177  20.7      -0.2      113  18.5      +1.9
# w/ Uncontrolled BP
 (>130/90,
 =<159/100)            276  28.9       268  31.3      -2.4      185  30.3      -1.3
# w/ Severe uncontrolled
 BP >159/100            83   8.7        93  10.9      -2.2       66  10.8      -2.1
# w/Undetermined
 BP                     34   3.6        29   3.4      +0.2       19   3.1      +0.5
```

Figure 7-35: Sample Report, Indicator 30-2

```
     List of Patients w/ denominator identified & Mean BP, if any
PATIENT NAME            HRN     COMMUNITY      SEX AGE    VALUE
------------------------------------------------------------------------------
RAMEY,JOSIE             180761 FACILITY #1     F   63   1,2; 131/72 CON
MANUEL,DOUGLAS          136125 FACILITY #1     M   56   1; u
WORRELL,TRACY           128793 FACILITY #2     F   52   1,2; 132/76 CON
HURST,MAGGIE            106386 FACILITY #2     F   54   1,2; 129/75 OPT
MANUEL,RITA             258144 FACILITY #2     F   69   1; u
ELLIS,CELESTE           140162 FACILITY #2     F   73   1,2; 136/80 CON
LUNDY,MAUDE             351378 FACILITY #2     F   76   1,2; u
MANTLE,ADAM             440062 FACILITY #2     M   51   1; u
HOWARD,RAY              596547 FACILITY #2     M   61   3; 135/65 CON
MOCKBE,MARVIN           615756 FACILITY #2     M   62   1,2; 150/73 UNC
KETCHUP,ABRAHAM         203445 FACILITY #2     M   81   1,2; 147/79 UNC
JAMES,MARYANN           765714 FACILITY #3     F   51   1; u
MORENO,DALLAS           806823 FACILITY #3     M   80   1; u
BEERS,ROBERT            900338 COMMUNITY #4    M   49   1,2; u
MCCLENNY,PAUL           203342 COMMUNITY #4    M   69   1; u
WARNER,MARVIN           181359 COMMUNITY #4    M   74   3; 165/89 SUNC
```

Figure 7-36: Sample Patient List, Indicator 30-2

7.2.17   Indicator 31: Obesity

GPRA Indicator Definition: During FY 2003, begin implementation or continue implementation all components of the Indian health system obesity prevention and treatment plan developed in FY 2002 that include:

a.   a multidisciplinary stakeholder obesity prevention and treatment planning group

b.   a staff development and IT development plan to assure securing height and weight data for all system users to monitor AI/AN population obesity

c.   an infrastructure to collect, interpret and diffuse the approaches from obesity related demonstration projects and studies to IHS Areas and I/T/Us.

Proposed GPRA FY04: Each Area will establish the omission rate of recording the height and weight of its patients (to identify BMI). Each Area will generate a standard age-specific report of BMIs on children and adults.

Proposed GPRA FY05: Each Area will decrease the omission rate of recording the height and weight of its patients (to identify BMI) by 10% percent. Each Area will generate a standard age-specific report of BMIs on children and adults.

Denominator 1: Same as FY02. All GPRA User Population patients ages 2 through 74 at beginning of Report period. Breakdown each denominator by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

Denominator 2: All Active Clinical patients ages 2 through 74 at beginning of Report period. Breakdown each denominator by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

Numerator 1: Same as FY02. Patients for whom a BMI could be calculated.

Numerator 2: For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

Numerator 3: For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Numerator 4: Total of Numerators 2 and 3, all overweight patients.

Additional Report Features: Report pages following the summary break the data down further for the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, and 55-74 yrs. Age group breakdowns are based on Healthy People 2010.

Logic Description: Age is calculated at the beginning of the Report period. GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken *on the same day* any time in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded within the last five years, although not required to be on the same day. For over 50, height

and weight must be recorded within the last two years, not required to be taken on the same day.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older; for ages 2-18, based on standard tables.

Obese is defined as BMI of 30 or more for adults 19 and older; for ages 2-18, based on standard tables.

Patient List Description: List of patients for whom a BMI can NOT be calculated, with appropriate denominator defined.

Indicator Targets: TBD

```
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         *** IHS FY03 Local Clinical Performance Indicator Report ***
                                 DEMO SITE
                Report Period: Oct 01, 2001 to Sep 30, 2002
             Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                Baseline Period:  Oct 01, 1997 to Sep 30, 1998
--------------------------------------------------------------------------------
Indicator 31:  Obesity Prevention and Treatment


                     REPORT     %    PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD          PERIOD        PREV YR % PERIOD       BASE %

Denominator #1:  User Pop
Patients ages 2-74   53,228         51,523                  44,090

# w/BMI calculated   28,003  52.6   26,114  50.7    +1.9  17,200  39.0    +13.6
# overweight          7,060  25.2    6,660  25.5    -0.3   4,154  24.2     +1.1
# Obese              12,920  46.1   11,883  45.5    +0.6   7,400  43.0     +3.1
# Overweight/Obese   19,980  71.3   18,543  71.0    +0.3  11,554  67.2     +4.2

# Male User Pop
2-74 years           24,090         23,369                  19,888

# w/BMI calculated   10,118  42.0    9,317  39.9    +2.1   5,780  29.1    +12.9
# overweight          2,575  25.4    2,357  25.3    +0.2   1,327  23.0     +2.5
# Obese               4,565  45.1    4,154  44.6    +0.5   2,390  41.3     +3.8
# Overweight/Obese    7,140  70.6    6,511  69.9    +0.7   3,717  64.3     +6.3

# Female User Pop
Patients 2-74 yrs    29,138         28,154                  24,202

# w/BMI calculated   17,885  61.4   16,797  59.7    +1.7  11,420  47.2    +14.2
# overweight          4,485  25.1    4,303  25.6    -0.5   2,827  24.8     +0.3
# Obese               8,355  46.7    7,729  46.0    +0.7   5,010  43.9     +2.8
# Overweight/Obese   12,840  71.8   12,032  71.6    +0.2   7,837  68.6     +3.2

Denominator #2: Active Clinical
users ages 2-74      25,060         24,206                  19,886

# w/BMI calculated   19,643  78.4   18,690  77.2    +1.2  13,450  67.6    +10.7
# overweight          4,667  23.8    4,498  24.1    -0.3   3,115  23.2     +0.6
# Obese               9,159  46.6    8,659  46.3    +0.3   5,872  43.7     +3.0
# Overweight/Obese   13,826  70.4   13,157  70.4    -0.0   8,987  66.8     +3.6

Denominator #2: Male Active Clinical users
ages 2-74             9,219          8,818                   7,209

# w/BMI calculated    6,596  71.5    6,150  69.7    +1.8   4,440  61.6    +10.0
# overweight          1,530  23.2    1,402  22.8    +0.4     970  21.8     +1.3
# Obese               2,989  45.3    2,773  45.1    +0.2   1,824  41.1     +4.2
# Overweight/Obese    4,519  68.5    4,175  67.9    +0.6   2,794  62.9     +5.6

Denominator #2: Female Active Clinical users
ages 2-74            15,841         15,388                  12,677

# w/BMI calculated   13,047  82.4   12,540  81.5    +0.9   9,010  71.1    +11.3
# overweight          3,137  24.0    3,096  24.7    -0.6   2,145  23.8     +0.2
# Obese               6,170  47.3    5,886  46.9    +0.4   4,048  44.9     +2.4
# Overweight/Obese    9,307  71.3    8,982  71.6    -0.3   6,193  68.7     +2.6
```

Figure 7-37: Sample Report Summary Page, Indicator 31

```
Indicator 31 (con't):  Obesity Prevention and Treatment
                        TOTAL GPRA USER POPULATION
                              Age Distribution
                  2-5   6-11  12-19  20-24  25-34  35-44  45-54  55-74


CURRENT REPORT PERIOD
Total # User Pop  5,793 7,261 8,755  7,279 10,709 7,268  3,714  2,449
# w/ BMI calculated 2,703 3,087 3,434 3,884  6,171 4,653  2,408  1,663
% w/BMI calculated  46.7  42.5  39.2   53.4   57.6  64.0   64.8   67.9

# Overweight        513   518   751  1,066  1,700 1,323    641    548
% Overweight       19.0  16.8  21.9   27.4   27.5  28.4   26.6   33.0

# Obese             612 1,066 1,278  1,712  3,356 2,630  1,452    814
% Obese            22.6  34.5  37.2   44.1   54.4  56.5   60.3   48.9

# Overweight or Obese 1,125 1,584 2,029 2,778 5,056 3,953 2,093 1,362
% Overweight or Obese  41.6  51.3  59.1  71.5  81.9  85.0  86.9  81.9

PREVIOUS YEAR PERIOD
Total # User Pop  5,678 7,240 8,447  6,996 10,363 7,099  3,420  2,280
# w/ BMI calculated 2,693 3,016 3,236 3,567  5,637 4,290  2,166  1,509
% w/BMI calculated  47.4  41.7  38.3   51.0   54.4  60.4   63.3   66.2

# Overweight        515   555   695    982  1,588 1,237    599    489
% Overweight       19.1  18.4  21.5   27.5   28.2  28.8   27.7   32.4

# Obese             654   962 1,226  1,580  3,010 2,435  1,287    729
% Obese            24.3  31.9  37.9   44.3   53.4  56.8   59.4   48.3

# Overweight or Obese 1,169 1,517 1,921 2,562 4,598 3,672 1,886 1,218
% Overweight or Obese  43.4  50.3  59.4  71.8  81.6  85.6  87.1  80.7

CHANGE FROM PREV YR %
w/ BMI calculated  -0.8  +0.9  +0.9   +2.4   +3.2  +3.6   +1.5   +1.7
Overweight         -0.1  -1.6  +0.4   -0.1   -0.6  -0.4   -1.0   +0.5
Obese              -1.6  +2.6  -0.7   -0.2   +1.0  -0.2   +0.9   +0.6
Overweight or Obese -1.8 +1.0  -0.3   -0.3   +0.4  -0.6   -0.2   +1.2

BASELINE REPORT PERIOD
Total # User Pop  5,087 6,375 7,076  6,028  9,403 5,645  2,652  1,824
# w/ BMI calculated 2,512 2,709 2,206 1,950  3,388 2,325  1,233    877
% w/BMI calculated  49.4  42.5  31.2   32.3   36.0  41.2   46.5   48.1

# Overweight        510   470   465    548    899   625    341    296
% Overweight       20.3  17.3  21.1   28.1   26.5  26.9   27.7   33.8

# Obese             602   832   784    852  1,830 1,331    736    433
% Obese            24.0  30.7  35.5   43.7   54.0  57.2   59.7   49.4

# Overweight or Obese 1,112 1,302 1,249 1,400 2,729 1,956 1,077   729
% Overweight or Obese  44.3  48.1  56.6  71.8  80.5  84.1  87.3  83.1

CHANGE FROM BASE YR %
w/ BMI calculated  -2.7  +0.0  +8.0  +21.0  +21.6 +22.8  +18.3  +19.8
Overweight         -1.3  -0.6  +0.8   -0.7   +1.0  +1.6   -1.0   -0.8
Obese              -1.3  +3.8  +1.7   +0.4   +0.4  -0.7   +0.6   -0.4
Overweight or Obese -2.6 +3.2  +2.5   -0.3   +1.4  +0.8   -0.4   -1.2
```

Figure 7-38: Sample Report, Age Breakout, Indicator 31

```
List of Patients w/ denominator identified for whom BMI could NOT be
calculated
PATIENT NAME              HRN     COMMUNITY       SEX AGE   VALUE
--------------------------------------------------------------------------
MANUEL,DOUGLAS            136125 FACILITY #1     M   56   1
CLANCEY,BONNIE            221332 FACILITY #2     F   3    1
RITTER,SARAH             200942 FACILITY #2     F   18   1;2
MADDOX,TAMMY             138079 FACILITY #2     F   21   1
STEIN,VELMA             141051 FACILITY #2     F   34   1;2
CARROLL,WENDY            110177 FACILITY #2     F   35   1
WENDT,HORTENCE           110719 FACILITY #2     F   40   1
WALTON,BERTHA           228031 FACILITY #2     F   50   1
MANUEL,RITA             158144 FACILITY #2     F   69   1
WATERMAN,HENRY          223232 FACILITY #2     M   7    1
```

Figure 7-39: Sample Indicator 29

7.2.18   Indicator A: Diabetes and Mental Health

Indicator Description: Determine the proportion of diabetic patients with a diagnosis of depressive disorders.

Denominator: Same as Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerator: Same as FY02. Patients in the denominator with a diagnosis of depressive disorders, defined as at least two visits with diagnosis 296.0-313.1 in the year prior to the end of the Report period.

Logic Description: Age is calculated at the beginning of the Report period. The numerator is defined as at least two visits with diagnosis (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period.

Patient List Description: List of diabetic patients with date and code of recent depressive diagnosis, if any.

Indicator Targets: TBD

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                                 DEMO SITE
              Report Period: Oct 01, 2001 to Sep 30, 2002
           Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
             Baseline Period:  Oct 01, 1997 to Sep 30, 1998
------------------------------------------------------------------------------
Indicator A:  Diabetes and Mental Health


                   REPORT     %   PREV YR    %  CHG from  BASE      %  CHG from
                   PERIOD         PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts   1,574          1,404                     995


# w/ 2 depressive
 disorder dxs in
 past yr             336   21.3     283  20.2    +1.2    140  14.1     +7.3
```

Figure 7-40: Sample Report, Indicator A

```
   List of Patients with recent depressive disorder diagnosis, if any
PATIENT NAME              HRN     COMMUNITY     SEX AGE   VALUE
------------------------------------------------------------------------------
WARNER,MARVIN            881359 COMMUNITY #4    M   74  Jul 26, 2002; 311.
TURNER,PETER            661138 COMMUNITY #4    M   77
MURRAY,SOPHIA           504227 FACILITY #2     F   44  Aug 29, 2002; 296.7
HOWARD,RAY             996543 FACILITY #2     M   61
SMYTHE,DANIELLE        299842 SITE,URBAN      F   27
HOWELL,ELIZABETH       559640 SITE,URBAN      F   69
SAUNDERS,JERRY         450083 SITE,URBAN      M   61  May 01, 2002; 305.00
```

Figure 7-41: Sample Patient List, Indicator A

7.2.19   Indicator B: Colorectal Cancer Screening

Developmental Indicator Description: Increase the proportion of eligible AI/AN patients (ages 50 and older) who have had screening for Colorectal Cancer (CRC).

Denominator 1: All GPRA User Population patients ages 51 and older at beginning of the Report period.

Denominator 2: All Active Clinical patients ages 51 and older at beginning of the Report period.

Numerator 1:   Patients who have had CRC screening, defined as any of the following: 1) a Fecal Occult Blood test or Rectal Exam in the two (2) years prior to the end of the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the last 5 years; or 3) colonoscopy in the last 10 years.

Numerator 2 (subset of Numerator 1): Patients who have had either a Fecal Occult Blood test or Rectal Exam in the past two years.

Logic Description: Age is calculated at the beginning of the Report period. The difference between the age range 50 and older in the definition and 51 and older in the logic is because GPRA+ looks back 2 years for a test, i.e., when a patient who

was 51 at the beginning of the Report period would have been 49. GPRA+ identifies the tests and procedures described in the numerators above in the following order:

	CPT Codes	ICD and Other Codes	Taxonomy
Fecal Occult Blood lab test (FOBT)	82274, G0107		BGP GPRA FOB TESTS
CRC Screening		V Procedure: V76.51, Screening for Colorectal Cancer	
Rectal Exam		V Procedure: 89.34, V76.41 Screening for Rectal	
Flexible Sigmoidoscopy	45330-45334, 45337-45339, 45341, 45342, 45345	V Procedure: 45.24	
Double contrast barium enema	VCPT or VRad: 74280, 74275, 74270	V Procedure 87.64	
Rigid proctosigmoidoscopy	45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327		
Colonoscopy	45355, 45378-45380, 45382-45385, 45387	V Procedure: 45.21, 45.22, 45.23, 45.25	

Patient List Definition: List of patients ages 51 and older, with appropriate denominator indicated. Date and code of any test or procedure meeting the numerator definition, if any.

Indicator Targets: TBD

Performance Improvement Tips:

1. Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: *HBE* (barium enema); *HCOL* (colonoscopy); *HFOB* (Fecal Occult Blood); *HSIG* (sigmoidoscopy).

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          *** IHS FY03 Local Clinical Performance Indicator Report ***
                                  DEMO SITE
                  Report Period: Oct 01, 2001 to Sep 30, 2002
              Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
                 Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-------------------------------------------------------------------------------
Indicator B:  Colorectal Cancer Screening

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Denominator #1: Total User
Pop age =>51          4,040          3,762                   2,932

# w/screening done      796  19.7      673  17.9     +1.8      421  14.4     +5.3
# w/ FOB, DRE or Rectal Exam
 in past year           555  13.7      493  13.1     +0.6      287   9.8     +3.9

Denominator #1: Total
Male User Pop
=> 51 years old       1,511          1,407                   1,094

# w/screening done      192  12.7      159  11.3     +1.4      105   9.6     +3.1
# w/ FOB, DRE or Rectal Exam
 in past year           104   6.9       94   6.7     +0.2       58   5.3     +1.6

Denominator #1: Total FEMALE
User Pop => 51        2,529          2,355                   1,838

# w/screening           604  23.9      514  21.8     +2.1      316  17.2     +6.7
# w/FOB, DRE or Rectal Exam
 in past year           451  17.8      399  16.9     +0.9      229  12.5     +5.4


Denominator #2: Active Clinical
 Patients >= 51       2,609          2,372                   1,804

# w/screening           764  29.3      642  27.1     +2.2      391  21.7     +7.6
# w/FOB, DRE or rectal exam
 in past year           540  20.7      478  20.2     +0.5      275  15.2     +5.5

Denominator #2: Male Active Clinical
 Patients => 51         862            767                     566

# w/screening           182  21.1      151  19.7     +1.4       93  16.4     +4.7
# w/FOB, DRE or rectal exam
 in past year           101  11.7       92  12.0     -0.3       55   9.7     +2.0

Denominator #2: Female Active Clinical
Patients >= 51        1,747          1,605                   1,238

# w/screening           582  33.3      491  30.6     +2.7      298  24.1     +9.2
# w/FOB, DRE or rectal exam
 in past year           439  25.1      386  24.0     +1.1      220  17.8     +7.4
```

Figure 7-42: Sample Report, Indicator B

```
                List all patients >50 and test/date, if any
PATIENT NAME             HRN     COMMUNITY      SEX AGE   VALUE
------------------------------------------------------------------------------
RAMEY,JOSIE              880761 FACILITY #1     F    63   1,2;
MANUEL,DOUGLAS           936125 FACILITY #1     M    56   1;
WORRELL,TRACIE           128793 FACILITY #2     F    52   1; 11/29/01 DRE 89.34
HURST,MAGGIE             206386 FACILITY #2     F    54   1;
MANUEL,RITA             158141 FACILITY #2     F    69   1,2;
ELLIS,CELESTE           440162 FACILITY #2     F    73   1,2;
LUNDY,MAUDE             551373 FACILITY #2     F    76   1;
HOWARD,RAY              196544 FACILITY #2     M    61   1,2; 03/26/01 RECTAL EXAM
MARTIN,MARVIN           615755 FACILITY #2     M    62   1; 06/10/02 FOB V LAB
KETCHUP,ABRAHAM         203446 FACILITY #2     M    81   1,2;
MORENI,DALLAS           706827 FACILITY #3     M    80   1;
PITTS,LUCAS            856848 FACILITY #3     M    84   1,2;
MCCLENNY,PAUL          903349 COMMUNITY #4     M    69   1;
WERNER,MARVIN         181350 COMMUNITY #4     M    74   1,2;
TARNER,PETER          161138 COMMUNITY #4     M    77   1; 07/18/02 DRE 89.34
WRIGHT,CHRIS         159040 COMMUNITY #4     M    85   1,2; 10/06/91 COLO 45.21
SANTOS,DANIELLE      114145 SITE,URBAN       F    52   1,2;
RANDELL,DALE         211240 SITE,URBAN       F    53   1;
CEPEDA,ROBERTA       197344 SITE,URBAN       F    58   1;
MCPHERSON,ELLEN      154461 SITE,URBAN       F    61   1,2; 01/26/01 FOB V LAB
```

Figure 7-43: Sample Patient List, Indicator B

7.2.20   Indicator C-1: Patient Education: Exercise and Diet

Indicator Definition: Increase the proportion of persons who are provided patient education on exercise and diet.

Denominator 1: All GPRA User Population patients ages 6 and older, broken down by gender.

Denominator 2: All Active Clinical patients ages 6 and older, broken down by gender and into the following age groups: 6-11, 12-19, 20-39, 40-59, 60 and older.

Denominator 3: Based on Denominator #3 from Diabetes indicators 2-6. Active Diabetic patients ages 6 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period (Diabetes Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken down by gender.

Numerator 1: All patients provided exercise education in the year prior to the end of the Report period.

Numerator 2: All patients provided diet and nutrition education in the year prior to the end of the Report period.

Additional Report Features: For Denominator 2, the pages following the indicator summary break the data down further for the following age groups: 6-11, 12-19, 20-39, 40-59, 60 and older.

Logic Description: Age is calculated at the beginning of the Report period.

GPRA+ uses the following IHS national patient education codes to define the numerators. If your facility has established its own code set, your codes will ***not*** be counted.

Exercise	ending "-EX" (Exercise) ending "-LA" (Lifestyle Adaptation) containing "OBS-" (Obesity)
Diet	ending "-N" (Nutrition) ending "-LA" (Lifestyle Adaptation) containing "OBS-" (Obesity) ending "-DT" (Diet) (**Note:** "Diet" is a discontinued PFE code and is used only to identify patients for Baseline or Previous year time periods.)

Patient List Description: A list of patients who received any patient education meeting the numerator definition, with the appropriate denominator identified. Displays the date the patient received the appropriate education and the PFE codes.

Indicator Targets:

HP 1997 data	42%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75%

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        *** IHS FY03 Local Clinical Performance Indicator Report ***
                              DEMO SITE
               Report Period: Jan 01, 2002 to Dec 31, 2002
            Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
              Baseline Period:  Jan 01, 1999 to Dec 31, 1999
-----------------------------------------------------------------------------
Indicator C-1:  Patient Education: Diet and Exercise

                    REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                    PERIOD        PERIOD       PREV YR % PERIOD      BASE %

Denominator #1 (GPRA Indicator):
User Pop            48,209        46,704                42,320

Total # w/
 Exercise Educ       3,669  7.6    3,038  6.5    +1.1     762  1.8    +5.8
Total # w/
 Diet Educ           4,145  8.6    2,991  6.4    +2.2     689  1.6    +7.0

# Male User Pop     21,454        20,830                18,743

# w/ exercise
 education           1,373  6.4    1,018  4.9    +1.5     222  1.2    +5.2
# w/ Diet educ       1,491  6.9      965  4.6    +2.3      76  0.4    +6.5

# Female User Pop   26,755        25,874                23,577

# w/ Exercise
 education           2,296  8.6    2,020  7.8    +0.8     540  2.3    +6.3
# w/Diet Educ        2,654  9.9    2,026  7.8    +2.1     613  2.6    +7.3


Denominator #2: Active
Clinical Pop        23,100        22,349                19,995

# w/Exercise
 education           3,441 14.9    2,884 12.9    +2.0     727  3.6   +11.3
# w/Diet educ        3,893 16.9    2,853 12.8    +4.1     619  3.1   +13.8

Total Male Active
Clinical Users       7,823         7,476                 6,644

# w/Exercise
 education           1,237 15.8      958 12.8    +3.0     210  3.2   +12.7
# w/Diet educ        1,363 17.4      915 12.2    +5.2      73  1.1   +16.3

Total Female Active
Clinical Users      15,277        14,873                13,351

# w/Exercise
 education           2,204 14.4    1,926 12.9    +1.5     517  3.9   +10.6
# w/Diet educ        2,530 16.6    1,938 13.0    +3.5     546  4.1   +12.5
```

```
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-------------------------------------------------------------------------------


Indicator C-1:  Patient Education: Diet and Exercise (Con't)

                     REPORT    %    PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD         PERIOD        PREV YR % PERIOD       BASE %


Denominator #3: Active
Diabetic Patients    2,451          2,237                   1,875

# w/ Exercise
 education           1,794  73.2   1,544  69.0    +4.2      313  16.7    +56.5
# w/Diet Educ        1,862  76.0   1,501  67.1    +8.9       54   2.9    +73.1

Total # Male Active
Diabetics             904            820                     672

# w/Exercise
 education             642  71.0     551  67.2    +3.8      104  15.5    +55.5
# w/Diet educ          655  72.5     538  65.6    +6.8       21   3.1    +69.3

Total Female Active
Diabetics            1,547          1,417                   1,203

# w/Exercise
 education           1,152  74.5     993  70.1    +4.4      209  17.4    +57.1
# w/Diet Educ        1,207  78.0     963  68.0   +10.1       33   2.7    +75.3
```

Figure 7-44: Sample Report, Indicator C-1.

```
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--------------------------------------------------------------------------
Indicator C-1:  Patient Education: Diet and Exercise (Con't)
                     TOTAL ACTIVE CLINICAL POPULATION
                                Age Distribution
EXERCISE EDUCATION           6-11 12-19  20-39  40-59  =>60

CURRENT REPORT PERIOD
Total # Active Clinical
  Pop =>6                    4,326  4,303  8,629  4,478  1,364

# w/ exercise ed               64    156  1,064  1,591    566
% w/ exercise ed              1.5    3.6   12.3   35.5   41.5

# Male w/ exercise ed          33     70    415    542    177
% Male w/ exercise ed         1.5    4.1   21.3   34.7   39.2

# Female w/ exercise ed        31     86    649  1,049    389
% Female w/ exercise ed       1.4    3.3    9.7   36.0   42.6

PREVIOUS YEAR PERIOD
Total # Active Clinical
  Pop =>6                    4,425  4,120  8,449  4,107  1,248
# w/ exercise ed               29    118    960  1,320    457
% w/ exercise ed              0.7    2.9   11.4   32.1   36.6

# Male w/ exercise ed          20     46    310    441    141
% Male w/ exercise ed         0.9    2.8   16.6   31.7   34.6

# Female w/ exercise ed         9     72    650    879    316
% Female w/ exercise ed       0.4    2.9    9.9   32.4   37.6

CHANGE FROM PREV YR %
Total w/exercise ed          +0.8   +0.8   +1.0   +3.4   +4.9
Male w/ exercise ed          +0.6   +1.2   +4.7   +3.0   +4.7
Female w/exercise ed         +1.0   +0.4   -0.2   +3.6   +5.0

BASELINE REPORT PERIOD
Total # Active Clinical
  Pop =>6                    4,403  3,560  7,584  3,427  1,021
# w/ exercise ed               15     51    319    284     58
% w/ exercise ed              0.3    1.4    4.2    8.3    5.7

# Male w/ exercise ed          12     10     78     92     18
% Male w/ exercise ed         0.6    0.7    4.8    8.1    5.4

# Female w/ exercise ed         3     41    241    192     40
% Female w/ exercise ed       0.1    1.9    4.0    8.4    5.8

CHANGE FROM BASE YR %
Total w/exercise ed          +1.1   +2.2   +8.1  +27.2  +35.8
Male w/ exercise ed          +1.0   +3.3  +16.5  +26.6  +33.8
Female w/exercise ed         +1.3   +1.5   +5.7  +27.6  +36.8
```

Figure 7-45: Sample Age Breakout Report, Indicator C-1.

```
                List all patients w/ exercise and diet education

PATIENT NAME              HRN     COMMUNITY     SEX AGE VALUE
--------------------------------------------------------------------------

PARRISH,MARILYN           225331 COMMUNITY #1  F   21  1,2; 11/14/00 WL-EX 11/14/00 WL-N
CARROLL,SYDNEY            105841 COMMUNITY #1  F   22  1,2; 11/06/00 DM-EX 11/06/00 HTN-N
SANTOS,LINDSAY            202742 COMMUNITY #1  F   42  1,2; 02/09/01 HTN-EX 02/09/01 HTN-N
WORRELL,TRACY             128793 COMMUNITY #1  F   51  1,2;  10/02/00 WL-N
HURST,MAGGIE              106386 COMMUNITY #1  F   53  1,2; 11/08/00 PL-EX 11/08/00 LIP-N
HAYWARD,ARTHUR            151478 COMMUNITY #1  M   14  1,2; 10/20/00 OBS-EX 10/20/00 OBS-N
HOWARD,RAY                196543 COMMUNITY #1  M   60  1,2,3; 10/16/00 DM-EX 10/16/00 DM-N
MOCKBE,MARVIN             115750 COMMUNITY #1  M   61  1,2; 12/20/00 WL-EX 12/20/00 WL-N
BELL,PATRICIA             128989 FACILITY #2   F   45  1; 10/23/00 WL-EX 10/23/00 WL-N
POOLEY,BILL               185241 FACILITY #3   M   22  1,2;  05/25/01 WL-N
WARNER,MARVIN             181359 FACILITY #3   M   73  1,2,3;  10/16/00 WL-N
TURNER,PETER              161138 FACILITY #3   M   76  1,2,3; 10/04/00 DM-EX 10/04/00 DM-N
SMYTHE,DANIELLE           199842 SITE,URBAN    F   26  1,2,3; 10/17/00 DM-EX 10/17/00 DM-N
```

Figure 7-46: Sample Patient List, Indicator C-1

7.2.21   Indicator C-2: Patient Education: Medications

Indicator Definition: Increase the proportion of patients taking medications who are receiving patient education about their medications.

Denominator 1: All GPRA User Population patients with Medications dispensed at their facility during the year prior to the end of the Report period.

Denominator 2: All Active Clinical patients with Medications dispensed at their facility during the year prior to the end of the Report period.

Numerator: All patients in the denominator who were provided patient education about medications in any location.

Logic Description: Patients receiving medications are identified by any entry in the VMed file for your facility. GPRA+ uses the following patient education codes to define the numerators:

Medication Education	M-I (medication information)
	M-DI (Drug interaction)
	M-FU (Medication follow up)
	M-L (Medication patient information literature)
	any PFE code containing "-M"

Patient List Description: A list of patients identified as receiving medications dispensed at their facilities, with the appropriate denominator identified. Displays the date the patient received any medication education and the codes.

Indicator Targets:

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	95%

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--------------------------------------------------------------------------------
Indicator C-2:  Patient Education: Medications


                   REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                   PERIOD        PERIOD        PREV YR % PERIOD        BASE %

Denominator #1:  User Pop
Patients receiving
medications        26,232        25,299                  24,393

# patients receiving
 medication educ   12,343  47.1   5,294  20.9   +26.1       39  0.2   +46.9

Denominator #2:  Active Clinical
Patients receiving
medications        18,156        17,309                  16,310

# patients receiving
 medication educ   10,663  58.7   4,837  27.9   +30.8       38  0.2   +58.5
```
Figure 7-47: Sample Report, Indicator C-2.

```
    List all patients receiving medications w/ med education, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE VALUE
--------------------------------------------------------------------------------
HOWARD,RAY             196543 COMMUNITY #1   M   60  1,2; 10/16/00 M-I
MOCKBE,MARVIN          315750 COMMUNITY #1   M   61  1,2; 12/20/00 M-FU
KETCHUP,ABRAHAM        203442 COMMUNITY #1   M   80  1,2; 10/03/00 M-I
JAMES,MARYANNE         465716 COMMUNITY #2   F   50  1; 08/30/01 M-I
HART,PAMELA            158744 FACILITY #3    F   21  1;
MADDOX,CHRISTINA       550681 FACILITY #3    F   30  1; 11/13/00 M-I
COOLIDGE,ROSS          182855 FACILITY #3    M   8   1,2; 06/26/01 M-I
POOLEY,BART            685241 FACILITY #3    M   22  1,2;
MCCLENNY,PAUL          203342 FACILITY #3    M   68  1; 12/05/00 CAD-M
TURNER,PETER           761138 FACILITY #3    M   76  1,2; 10/04/00 M-I
CURTIS,SHERRY          152570 SITE,RURAL     F   46  1,2;
BROWN,EVE              894922 SITE,URBAN     F   13  1; 05/13/01 M-I
PAYTON,CELESTE         110288 SITE,URBAN     F   18  1,2; 10/05/00 M-I
```
Figure 7-48: Sample Patient List, Indicator C-2.

7.2.22   Indicator D: Cholesterol Screening

Indicator Definition: Increase the proportion of adults 18 through 65 who have had their blood cholesterol checked within the preceding 5 years. [Based on HP 2010 indicator 12.15.]

Denominator 1: All GPRA User Population patients ages 23 through 65, broken down by gender.

Denominator 2: All Active Clinical patients ages 23 through 65, broken down by gender.

Numerator: Any patient in the denominator with evidence of having any cholesterol screening at some time in the five years prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-65 in the definition and 23-65 in the logic is because GPRA+ looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18.

GPRA+ counts all Y instances reported, regardless of the results of the measurement. For this indicator, GPRA+ considers *any* of the tests below as meeting the numerator. The number in parentheses, e.g., (1), identifies the order in which the software looks for a test to meet the numerator.

Test	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile (Panel)	80061 (4)	V77.91 (screening for lipoid disorders) (7)		DM AUDIT LIPID PROFILE TAX (1)
Total Cholesterol	82465 (5)			DM AUDIT CHOLESTEROL TAX (2)
LDL	80061; 83721 (6)			DM AUDIT LDL CHOLESTEROL TAX (3)

Patient List Description: A list of patients ages 23 through 65 at the beginning of the Report period, with the appropriate denominator identified. Displays the date of the test that meets the numerator definition, if any, and the test code.

Indicator Targets:

HP 1998 baseline	67%
HP 2010 target for adults who have had blood cholesterol checked (12-15)	80%

```
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------------------------------------------------------------------------------
Indicator D:  Cholesterol Screening

                   REPORT   %   PREV YR   %  CHG from  BASE     %  CHG from
                   PERIOD       PERIOD       PREV YR % PERIOD      BASE %

Denominator #1: User Pop
patients ages
23-65 yrs          26,631       25,635                 23,157

# w/ Cholesterol
 screening          7,599 28.5   7,417 28.9    -0.4   7,237 31.3    -2.7

Total # of Male User
Pop ages 23-65     11,652       11,268                 10,062

# w/ Cholesterol
 screening          2,882 24.7   2,734 24.3    +0.5   2,706 26.9    -2.2

Total # Female User
Pop 23-65 yrs      14,979       14,367                 13,095

# w/ Cholesterol
 screening          4,717 31.5   4,683 32.6    -1.1   4,531 34.6    -3.1


Denominator #2: Active
Clinical Patients
ages 23-65         12,140       11,572                 10,081

# w/ Cholesterol
 screening          6,513 53.6   6,168 53.3    +0.3   5,709 56.6    -3.0

# Male Active Clinical
pop ages 23-65      3,473        3,209                  2,711

# w/ Cholesterol
 screening          2,291 66.0   2,059 64.2    +1.8   1,849 68.2    -2.2

# Female Active Clinical
pop ages 23-65      8,667        8,363                  7,370

# w/ Cholesterol
 screening          4,222 48.7   4,109 49.1    -0.4   3,860 52.4    -3.7
```

Figure 7-49: Sample Report, Indicator D.

```
    List of Patients w/ denominator identified w/ test, if any

PATIENT NAME             HRN    COMMUNITY     SEX AGE VALUE
--------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 536841    COMMUNITY #1   F   23  1,2;
MORENI,DEBORAH J.        536982    COMMUNITY #1   F   28  1,2; 04/01/02 V77.91
REDBIRD,SHIRLEY ROSE    107293    COMMUNITY #1   F   34  1; 10/11/01 LP
LONG,SARA H             435754    COMMUNITY #1   F   37  1,2;
MEDICINEHORSE,ZELDA     539925    COMMUNITY #1   F   41  1; 08/12/02 CHOL
COYOTE,CRYSTAL          665856    COMMUNITY #1   F   45  1;
LITTLEDEER,ANGELENA MA 723917    COMMUNITY #1   F   49  1; 01/15/02 80061
NIESEN,MERCI L          124978    COMMUNITY #1   F   62  1,2;
FARAWAY,DARLENA MARIA   174309    COMMUNITY #1   F   65  1; 09/18/01 LDL
```

Figure 7-50: Sample Patient List, Indicator D

7.2.23   Indicator E-1: HIV Quality of Care

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines. [Based on HP 2010 developmental indicator 13-13a Viral Load Testing.]

This indicator is currently being considered as a GPRA Indicator for FY 2005.

Denominator 1: All patients ages 13 and older with 2 visits within the service area (i.e., not Contract paid for) in the year prior to the end of the Report period with HIV POV diagnosis, including 1 HIV POV in last 6 months.

Numerator 1: Received CD4 test only (without PCR viral load) in the year prior to the end of the Report period.

Numerator 2: Received PCR viral load only (without CD4) in the year prior to the end of the Report period.

Numerator 3: Received both CD4 and PCR viral load tests in the year prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
HIV		042.0-044.9 V08 795.71		
CD4	86361			BGP CD4 TAX
PCR Viral Load	87536, 87539			BGP PCR TAX

Patient List Description: For confidentiality reasons, no patient lists can be produced for this indicator.

Indicator Targets: TBD

HP2010 target for viral load testing	developmental
HP2010 baseline for CD4 testing	Nearly 100%

7.2.24   Indicator E-2: Prenatal HIV Testing and Education

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of pregnant women screened for HIV during prenatal health care visits. [Based on HP 2010 developmental indicator 25-17, screening for sexually transmitted diseases including HIV infection.]

This indicator is being considered as a GPRA indicator for FY 2005.

Denominator 1: All pregnant female patients ages 18-40, defined as at least two pregnancy-related visits during the year prior to the end of the Report period, one of which must be the first prenatal visit, and with no recorded HIV diagnosis in POV or problem list.

Numerator 1: Patients who received HIV test during the year prior to the end of the Report period, including refusals.

Numerator 1A: Number of documented refusals.

Numerator 2: Patients who were provided with patient education about HIV and testing.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes (TBD)	Taxonomy
Pregnancy		POV V22.0-V23.9 640-648 651-676		
First prenatal visit		POV V22.0		
HIV diagnosis		POV or problem list: 042.0-044.9 V08 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391			BGP HIV TEST TAX
HIV Education		Patient education codes: containing "HIV-" containing HIV diagnosis 042.0-044.9, V08, or 795.71		

Patient List Description: A list of pregnant women ages 18 through 40 with no recorded HIV diagnosis who have NOT received an HIV test. .

Indicator Targets:

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS target	TBD

```
    List of Pregnant Patients without test

PATIENT NAME              HRN     COMMUNITY     SEX AGE VALUE
-----------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 43684    COMMUNITY #1    F   18
MORENI,DEBORA            43698    COMMUNITY #1    F   22
REDBIRD,SHIRLEY ROSE    10729    COMMUNITY #1    F   36
LONGJAW,SARA LOUISE     43575    COMMUNITY #1    F   40
SMITH,SANDY             43992    COMMUNITY #2    F   27
MEDICINEHORSE,CRYSTAL   46585    COMMUNITY #2    F   31
LITTLEWOLF,ANGELENA MA  42391    COMMUNITY #3    F   21
NIESEN,NORMA L          42497    COMMUNITY #3    F   37
TAYLOR,CHARLIE          17430    COMMUNITY #4    F   26
```

Figure 7-51: Sample Patient List, Indicator E-2

7.2.25   Indicator F: Domestic Violence Screening

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase the proportion of female patients who receive screening annually for domestic violence.

Proposed GPRA Indicator FY 2004: 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities.

Denominator 1: Female GPRA User Population patients ages 25 to 40 at beginning of Report period.

Denominator 2: Female Active Clinical patients ages 25 to 40 at beginning of Report period.

Numerator 1: Patients screened for domestic violence at any time in the year prior to the end of the Report period. Screening is broadly defined as either a domestic violence Health Factor or patient education code recorded.

Numerator 1A: Patients with recorded domestic violence Health Factors.

Numerator 1B: Patients who were provided with patient education about domestic violence.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

Domestic Violence Health Factors	DV + Current
	DV + Past
	DV – Current
	DV – Past
	DV ? (patient denies but provider suspects)
	DV U (unable to screen)
DV Patient Education Codes	Containing "DV-"

Patient List Description: A list of women ages 25 through 40 with appropriate denominator indicated who have NOT been screened using DV Health Factors.

Indicator Targets: No HP2010 indicator for Domestic Violence screening.

IHS target FY 2004	15%

```
List of Female Patients without DV Health Factor

PATIENT NAME             HRN    COMMUNITY    SEX AGE VALUE
--------------------------------------------------------------------------
EAGLEROCK,AUBREY JANE  59012    COMMUNITY #1   F   25  1,2;
MORENI,ROBIN           43698    COMMUNITY #1   F   27  1; 04/01/02 DV + Cur
REDHOUSE,SHIRLEY ELIZA 10729    COMMUNITY #2   F   28  1,2; 10/11/01 DV ?
LONGJAW,MARCH          33575    COMMUNITY #2   F   29  1;
LASSITER,ELOISE        17845    FACILITY #1    F   31  1,2;
TAYLOR,ELLIZABETH      26585    COMMUNITY #3   F   35  1,2;
JOLIE,ANGELINA MARIE   11234    COMMUNITY #4   F   36  1; 01/15/02 DV -
TAYLOR,MERCI L         95678    SITE, URBAN #4 F   37  1;
FARAWAY,DARLENA MARIA  17430    COMMUNITY #4   F   40  1,2; 09/18/01 DV U
```
Figure 7-52: Sample Patient List, Indicator F

7.2.26   Indicator G: Alcohol Screening (FAS Prevention)

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Definition: Increase alcohol screening in women of child-bearing age (as a surrogate for IHS GPRA indicator # 11 FAS Prevention "…prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women…").

Proposed GPRA Indicator FY 2005: Establish a baseline rate for alcohol use in a defined group of female patients of childbearing age (ages 18-40 TBD).

Denominator 1: Female GPRA User Population patients ages 18 to 40 at beginning of Report period.

Denominator 2: Female Active Clinical patients ages 18 to 40 at beginning of Report period.

Numerator: Patients who have received alcohol screen in the year prior to the end of the Report period, defined as Alcohol Health Factors.

Documenting Alcohol Health Factors: New Alcohol Health Factors are currently under development. Currently Health Factors are based on CAGE.

Use the CAGE questionnaire, which asks the following 4 questions:
1. Have you ever felt the need to **Cut down** on your drinking (or drug use)?
2. Have people **Annoyed** you by criticizing your drinking (drug use)?
3. Have you ever felt bad or **Guilty** about your drinking (drug use)?
4. Have you ever needed an **Eye opener** the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers were received, document Health Factor on PCC:

      HF – CAGE 0/4 (all No answers)

      HF – CAGE 1/4 (1 Yes answer)

      HF – CAGE 2/4

      HF – CAGE 3/4

      HF – CAGE 4/4 (all Yes answers)

Optional values that can be documented on the PCC:

      Level/Severity: Mild, Moderate, or Severe

      Quantity: # of drinks daily

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

Alcohol Health Factors	CAGE 0/4
	CAGE 1/4
	CAGE 2/4
	CAGE 3/4
	CAGE 4/4

Patient List Description: A list of women ages 18 through 40 with appropriate denominator indicated who have no alcohol Health Factor recorded.

Indicator Targets: TBD. No HP2010 indicator for Alcohol screening.

```
    List of Female Patients without Alcohol Screen Health Factor

PATIENT NAME             HRN     COMMUNITY     SEX AGE VALUE
-------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 3684    COMMUNITY #1    F   25  1,2;
MORENI,DEBORAH J.       3698    COMMUNITY #1    F   27  1;
REDBIRD,SHIRLEY ROSE    1234    COMMUNITY #1    F   28  1,2;
LONGJAW,SARA H          3575    COMMUNITY #1    F   29  1;
MEDICINEHORSE,ELOISE    3992    COMMUNITY #2    F   31  1,2;
MEDICINEHORSE,CRYSTAL   6585    COMMUNITY #2    F   35  1,2;
LITTLEWOLF,ANGELENA MA  5678    COMMUNITY #3    F   36  1;
NIESEN,MERCI L          2497    COMMUNITY #4    F   37  1;
FARAWAY,DARLENA MARIA   17430   COMMUNITY #4    F   40  1,2;
```

Figure 7-53: Sample Patient List, Indicator G

7.2.27   Indicator H: Tobacco Use/ Exposure to Second Hand Smoke

GPRA FY03 Indicator. <u>Tobacco Control</u>: By the end of 2003, the IHS and its stakeholders will develop a five-year plan for tobacco control in AI/AN communities.

GPRA+ Indicator Definition: Increase annual screening for tobacco use, as a surrogate marker for reducing Area age-specific prevalence rates for smoking and for environmental exposure to tobacco in the home.

Tobacco Use and Exposure to Environmental Tobacco Smoke is listed in GPRA+ as a developmental indicator because the formal GPRA indicator is not currently reporting on tobacco use rates. It is anticipated that in future years the GPRA indicator will include measures of tobacco cessation counseling as well as tracking patients who have quit using tobacco.

Denominator 1: All GPRA User Population patients ages 5 and older.

Denominator 2: All Active Clinical patients ages 5 and older.

Denominator 3: Pregnant women ages 18-49 at beginning of Report period, defined as at least two visits with pregnancy POV or Problem diagnosis during the year prior to the end of the Report period,.

Numerator 1: Patients who have been screened for tobacco use with any Tobacco Health Factor in the year prior to the end of the Report period.

Numerator 2: Patients identified as current tobacco users with either Health Factors or diagnosis, both smokers and smokeless users.

Numerator 3 (subset of Numerator 2): Patients identified as current smokers with either Health Factors or diagnosis in the past year.

Numerator 4 (subset of Numerator 2): Patients identified as current smokeless tobacco users with either Health Factors or diagnosis in the past year.

Numerator 5: Patients identified as tobacco users (Numerator 2) who have received tobacco cessation counseling in the past year, using clinic and patient education codes.

Numerator 6: Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) with either Health Factors or diagnosis in the past year.

Additional Report Features: Report breaks each denominator down by gender. Each denominator is additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

Logic Description: Age is calculated at the beginning of the Report period. GPRA+ uses the following codes to identify members of Denominator 3.

	CPT Codes	**ICD and Other Codes**
Pregnancy		V22.0-V23.9, 640.*-648.*, 651.*-676.*

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

Health Factor	
CESSATION-SMOKELESS	Numerator 1
CESSATION-SMOKER	Numerator 1
CURRENT SMOKELESS	Numerators 1,2, 4
CURRENT SMOKER	Numerators 1, 2, 3
NON-TOBACCO USER	Numerator 1
PREVIOUS SMOKELESS	Numerator 1
PREVIOUS SMOKER	Numerator 1
SMOKE FREE HOME	Numerator 1
SMOKER IN HOME	Numerator 1, 6
CURRENT SMOKER & SMOKELESS	Numerators 1, 2, 3, 4
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	Numerator 1, 6

GPRA+ also uses the following definitions for identifying the numerators:

Current Smokers (Numerators 2, 3)	Diagnosis 305.1* or V15.82
Tobacco Cessation Counseling (Numerator 5)	Clinic code 94 Patient Education codes: TO-QU (tobacco quit), TO-LA (tobacco lifestyle adaptation) Dental code 1320 – tobacco counseling

Patient List Definition: List of patients with any Tobacco Health Factor or tobacco-related diagnosis in past year.

Indicator Targets: TBD

IHS 2003 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

```
LAM                            Mar 06, 2003                        Page 45
         *** IHS FY03 Local Clinical Performance Indicator Report ***
                                DEMO SITE
                Report Period: Oct 01, 2001 to Sep 30, 2002
            Previous Year Period:  Oct 01, 2000 to Sep 30, 2001
               Baseline Period:  Oct 01, 1997 to Sep 30, 1998
-----------------------------------------------------------------------------
Indicator H:  Tobacco Screening, Use and ETS


                     REPORT    %    PREV YR   %  CHG from  BASE     %  CHG from
                     PERIOD         PERIOD       PREV YR % PERIOD      BASE %

Denominator #1: GPRA User
Pop ages =>5         49,137         47,524                40,544


# w/Tobacco
 Screening              771  1.6       918  1.9    -0.4       75  0.2    +1.4
# tobacco users         761  1.5       909  1.9    -0.4      358  0.9    +0.7
# Smokers               757  1.5       730  1.5    +0.0      355  0.9    +0.7
# Smokeless Tobacco
 Users                    4  0.0       179  0.4    -0.4        3  0.0    +0.0
# Tobacco users receiving
 cessation educ         144  0.3        75  0.2    +0.1        0  0.0    +0.3
# exposed to ETS/
 smoker in home           0  0.0         1  0.0    -0.0        0  0.0    +0.0


# MALE User Pop
patients => 5        21,960         21,269                18,085


# w/Tobacco
 Screening              330  1.5       360  1.7    -0.2       34  0.2    +1.3
# tobacco users         340  1.5       373  1.8    -0.2      161  0.9    +0.7
# Smokers               337  1.5       314  1.5    +0.1      160  0.9    +0.6
# Smokeless Tobacco
 Users                    3  0.0        59  0.3    -0.3        1  0.0    +0.0
# Tobacco users receiving
 cessation educ          54  0.2        19  0.1    +0.2        0  0.0    +0.2
# exposed to ETS/
 smoker in home           0  0.0         0  0.0    +0.0        0  0.0    +0.0


# FEMALE User Pop
patients => 5        27,177         26,255                22,459


# w/Tobacco
 Screening              441  1.6       558  2.1    -0.5       41  0.2    +1.4
# tobacco users         421  1.5       536  2.0    -0.5      197  0.9    +0.7
# Smokers               420  1.5       416  1.6    -0.0      195  0.9    +0.7
# Smokeless Tobacco
 Users                    1  0.0       120  0.5    -0.5        2  0.0    -0.0
# Tobacco users receiving
 cessation educ          90  0.3        56  0.2    +0.1        0  0.0    +0.3
# exposed to ETS/
```

Figure 7-54: Sample Report, Indicator H

```
LAM                              Apr 24, 2003                        Page 61
         *** IHS FY03 Local Clinical Performance Indicator Report ***
                                 DEMO SITE
                 Report Period: Jan 01, 2002 to Dec 31, 2002
              Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
                  Baseline Period:  Jan 01, 1999 to Dec 31, 1999
------------------------------------------------------------------------------


Indicator H (con't): Tobacco Screening, Use and ETS


                     REPORT    %   PREV YR   %  CHG from  BASE     %  CHG from
                     PERIOD        PERIOD       PREV YR % PERIOD      BASE %

# Active Clinical Patients
ages => 5           24,042        23,235                 20,902


# w/Tobacco
 Screening            679   2.8      969  4.2     -1.3     52  0.2    +2.6
# tobacco users       688   2.9      787  3.4     -0.5    355  1.7    +1.2
# Smokers             685   2.8      640  2.8     +0.1    355  1.7    +1.2
# Smokeless Tobacco
 Users                  3   0.0      147  0.6     -0.6      0  0.0    +0.0
# Tobacco users receiving
 cessation educ       136   0.6       86  0.4     +0.2     15  0.1    +0.5
# exposed to ETS/
 smoker in home         1   0.0        1  0.0     -0.0      0  0.0    +0.0


# MALE Active Clinical
ages => 5            8,311         7,929                  7,084


# w/Tobacco
 Screening            296   3.6      373  4.7     -1.1     21  0.3    +3.3
# tobacco users       291   3.5      305  3.8     -0.3    152  2.1    +1.4
# Smokers             289   3.5      258  3.3     +0.2    152  2.1    +1.3
# Smokeless Tobacco
 Users                  2   0.0       47  0.6     -0.6      0  0.0    +0.0
# Tobacco users receiving
 cessation educ        41   0.5       25  0.3     +0.2      4  0.1    +0.4
# exposed to ETS/
 smoker in home         1   0.0        0  0.0     +0.0      0  0.0    +0.0


# FEMALE Active Clinical
ages => 5           15,731        15,306                 13,818


# w/Tobacco
 Screening            383   2.4      596  3.9     -1.5     31  0.2    +2.2
# tobacco users       397   2.5      482  3.1     -0.6    203  1.5    +1.1
# Smokers             396   2.5      382  2.5     +0.0    203  1.5    +1.0
# Smokeless Tobacco
 Users                  1   0.0      100  0.7     -0.6      0  0.0    +0.0
# Tobacco users receiving
 cessation educ        95   0.6       61  0.4     +0.2     11  0.1    +0.5
# exposed to ETS/
 smoker in home         0   0.0        1  0.0     -0.0      0  0.0    +0.0
```

Figure 7-55: Sample Age Breakdown Report, Indicator H

```
List of patients w/ denominator identified, with tobacco Health Factors
         or tobacco-related diagnosis in past year and date
PATIENT NAME            HRN    COMMUNITY      SEX AGE   VALUE
--------------------------------------------------------------------------
RAMEY,JOSIE             180761 FACILITY #1    F   63  1; 03/01/02 NTU
RITTER,SARAH            200942 FACILITY #2    F   18  1,2,3; 11/17/01 NTU
PARRISH,MARILYN         225331 FACILITY #2    F   22  1,2; 04/24/02 Cur Smk
CARROLL,SYDNEY          105841 FACILITY #2    F   23  1; 09/01/02 NTU
CLINTON,GLADYS          140260 FACILITY #2    F   25  1,2; 07/28/02 NTU
CARPENTER,MARILYN       134266 FACILITY #2    F   26  1,2,3; 10/11/01 V15.82
WALTON,PRISCILLA        160439 FACILITY #2    F   26  1,2; 12/13/01 Cur Smk
KENT,RUTH               219034 FACILITY #2    F   37  1; 06/30/02 Cur Smk
KINGSLEY,LENA           103143 FACILITY #2    F   38  1,2; 06/17/02 NTU
SANTOS,LINDSAY          202742 FACILITY #2    F   43  1,2; 01/23/02 Prev smk
MURRAY,SOPHIA           104227 FACILITY #2    F   44  1; 12/10/01 NTU
```

Figure 7-56: Sample Patient List, Indicator H.

7.2.28   Indicator I: Asthma

> **NOTE:**   This indicator will be included in version 2.1 of the
> GPRA+ FY03 software, available summer 2003

Indicator Definition: Reduce hospitalizations for asthma. [Based on HP 2010 indicator 24-2.]

Denominator 1: All GPRA User Population patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Denominator 2: All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Numerator 1: Patients who have been diagnosed with asthma ever and have had two asthma-related visits in the year prior to the end of the Report period (POV codes 493.*).

Numerator 2: Patients who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period (Admission diagnosis 493.*).

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses ICD codes 493.* in the Purpose of Visit (POV), problem list or admission files to determine Asthma diagnosis.

Patient List Description: Numerators only. A list of patients who meet the Asthma diagnosis criteria in the numerators, with their appropriate denominator identified. Displays the date of the asthma diagnosis, with code; additionally displays the date of hospital admission with asthma diagnosis, designated as "H."

Indicator Targets:

HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 target for hospitalizations for asthma:	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

```
List of Patients diagnosed w/ Asthma, w/ asthma hospitalization, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE VALUE
-------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 3684   COMMUNITY #1   F   5   1,2; 11/15/01 493.1
MORENI,DEBORAH J.       3698   COMMUNITY #1   F   8   1; 04/01/02 493.0;
REDBIRD,SHIRLEY ROSE   10729  COMMUNITY #1   F   10  1,2; 10/11/01 493.0; H 11/15/01
LONGJAW,SARA H          3575   COMMUNITY #1   F   12  1; 06/13/02 493.0
MEDICINEHORSE,ELOISE    3992   COMMUNITY #1   F   17  1,2; 09/02/01 493.1
MEDICINEHORSE,CRYSTAL   6585   COMMUNITY #1   F   21  1,2; 04/31/02 493.0; H 06/01/02
LITTLEWOLF,ANGELENA MA  2391   COMMUNITY #1   F   24  1; 01/15/02 493.2
NIESEN,MERCI L          2497   COMMUNITY #1   F   29  1; 06/27/02 493.0
FARAWAY,DARLENA MARIA  17430  COMMUNITY #1   F   35  1,2; 09/18/01 493.1
```

Figure 7-57:Sample Patient List, Indicator I..

7.2.29   Indicator J-1: Cardiovascular Disease: Lipids Assessment

NOTE: This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who had a lipids assessment and whose LDL result was good. [Based on HP 2010 developmental indicator 12-16 Increase the proportion of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100.]

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three).

Numerator 2: Patients with LDL less than or equal to ($<=$) 100.

Numerator 3: Patients with LDL between 101-130.

Numerator 4: Patients with LDL between 131-160.

Numerator 5: Patients with LDL greater than (>) 160.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For each numerator, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerator, GPRA+ searches for the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes (TBD)	Taxonomy
Lipid Profile	80061		DM AUDIT LIPID PROFILE TAX
LDL	80061; 83721		DM AUDIT LDL CHOLESTEROL TAX
HDL	83718		DM AUDIT HDL TAX
Triglyceride	84478		DM AUDIT TRIGLYCERIDE TAX

Patient List Description: List of Patients diagnosed with ischemic heart disease, with the date displayed of any tests described in the numerators, with the LDL value, if any.

Indicator Targets: TBD

IHS 2010 target not established	
HP2010 target not established	developmental

```
         List of Patients diagnosed w/ CVD, w/ LDL value, if any

PATIENT NAME              HRN    COMMUNITY     SEX AGE VALUE
--------------------------------------------------------------------------
KING,NASHEENA KAYLENE    9060    COMMUNITY #1   F   36
SWANK,JEANNE             2759    COMMUNITY #1   F   43  LP; 10/10/01 145.8
WEIDE,ANN C              4027    COMMUNITY #1   F   48  06/30/01 98.5
KEWENIYOUNA,RAMONA MAR   128     COMMUNITY #1   F   60  LP; 03/15/01
WARD,EVA MAE             6103    COMMUNITY #1   F   60  LP; 11/23/01 81.8
WHISTLINGELK,KIMBERLY    505     COMMUNITY #1   F   61
GRANBOIS,ASHLEIGH DELA   10604   COMMUNITY #1   F   83  09/14/01
GOODIRON,JEROMY M        26189   COMMUNITY #1   M   24
ENOS,VERNON I            6696    COMMUNITY #1   M   40  LP; 06/03/01 137.0
FLYNN,DELET LEATH        6566    COMMUNITY #2   F   41
JEFFERSON,TERRI JO       2450    COMMUNITY #2   F   47  LP; 10/28/01 145.3
STEWART,TYLER JR DALE    3599    COMMUNITY #2   M   54
EDWARDS,AMOS ARDELL      1006    COMMUNITY #2   M   76  05/11/01 123.6
```
Figure 7-58: Sample Patient List, Indicator J-1.

7.2.30   Indicator J-2: Cardiovascular Disease: Hypertension

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who had optimal or controlled blood pressure.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients with **optimal** Blood Pressure (BP), defined as the mean systolic value is less than or equal to (<=) 130 AND the mean diastolic value is less than or equal to (<=) 80.

Numerator 2: Patients with **controlled** Blood Pressure (BP), defined as the mean systolic value is greater than (>) 130 and less than or equal to (<=) 139 AND the mean diastolic value is greater than (>) 80 and less than or equal to (<=) 90.

Numerator 3: Patients with **uncontrolled** Blood Pressure (BP), defined as the mean systolic value is greater than (>) 139 and less than or equal to (<=) 159 AND the mean diastolic value is greater than (>) 90 and less than or equal to (<=) 100.

Numerator 4: Patients with **severe uncontrolled** Blood Pressure (BP), defined as the mean systolic value is greater than (>) 159 AND the mean diastolic value is greater than (>) 100.

Numerator 5: Patients with **undetermined** BP, defined as patients with less than 2 blood pressures documented at non-ER visits in the year prior to the end of the Report period.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is *least* controlled determines the category.

Patient List Description: List of Patients diagnosed with ischemic heart disease. Displays the mean blood pressure value, if any, and designates OPT for Optimal (Numerator 1), CON for Controlled (Numerator 2), UNC for Uncontrolled (Numerator 3), and SUNC for Severe Uncontrolled (Numerator 4).

Indicator Targets: TBD

HP 2010 Goal for % of adults with high blood pressure (140/90)	16%

```
        List of Patients diagnosed w/ CVD, w/ mean BP, if any

PATIENT NAME              HRN    COMMUNITY    SEX AGE VALUE
--------------------------------------------------------------------------
KING,NASHEENA KAYLENE     9060   COMMUNITY #1  F   36  131/70 CON
SWANK,JEANNE              2759   COMMUNITY #1  F   43  u
JEROME,ALGERNON H         15832  COMMUNITY #1  M   27
RUNNINGBEAR,CATHERINE     22069  COMMUNITY #2  F   45
WEIDE,ANN C               4027   COMMUNITY #2  F   48  141/80 UNC
MORENI,DEBORAH J.         3698   COMMUNITY #2  F   51
MARTELL,ELIZABETH ANN     1426   COMMUNITY #2  F   53
BEARING,JAQI ROSE         3448   COMMUNITY #2  F   54  127/76 OPT
ROUND,NEVADA RAE          2513   COMMUNITY #2  F   56  125/73 OPT
GOODIRON,JEROMY M         26189  COMMUNITY #2  M   24  u
GRAY,JOSEPH               8930   COMMUNITY #2  M   38  160/105 SUNC
```

Figure 7-59: Sample Patient List, Indicator J-2.

7.2.31   Indicator J-3: Cardiovascular Disease: Tobacco Use Rates

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who were screened for tobacco use and received patient education on tobacco cessation.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients who have been screened for tobacco use in year prior to the end of the Report period, using Health Factors or tobacco-related diagnosis.

Numerator 2: Patients identified as tobacco users, using Health Factors or tobacco-related diagnosis.

Numerator 3:   Patients counseled on tobacco cessation, identified by patient education codes.

Numerator 4: Patients in tobacco cessation programs, defined as clinic code 94.

Numerator 5: Number of people who have quit, identified by Health Factors.

Logic Description: Patients are defined for the denominator as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file).

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

Health Factor	
CESSATION-SMOKELESS	Numerators 1, 5
CESSATION-SMOKER	Numerators 1, 5
CURRENT SMOKELESS	Numerators 1,2,
CURRENT SMOKER	Numerators 1, 2,
NON-TOBACCO USER	Numerator 1
PREVIOUS SMOKELESS	Numerators 1, 5
PREVIOUS SMOKER	Numerators 1, 5
SMOKE FREE HOME	Numerator 1
SMOKER IN HOME	Numerator 1
CURRENT SMOKER & SMOKELESS	Numerators 1, 2,
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	Numerator 1

GPRA+ also uses the following definitions for identifying the numerators:

Current Smokers (Numerator 2)	Diagnosis 305.1* or V15.82
Tobacco Cessation Counseling (Numerator 3)	Patient Education codes: TO-QU (tobacco quit), TO-LA (tobacco lifestyle adaptation) Dental Code D1320 – tobacco counseling
Tobacco Cessation Program (Numerator 4)	Clinic code 94

Patient List Definition: List of patients diagnosed with ischemic heart disease with any Tobacco Health Factor or tobacco-related diagnosis in past year.

Indicator Targets: TBD

IHS 2003 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

```
        List of Patients diagnosed w/ CVD, w/ tobacco status

PATIENT NAME              HRN    COMMUNITY     SEX AGE VALUE
------------------------------------------------------------------------
NECKLACE,MARY             19765  COMMUNITY #1   F   37  12/02/01 ETS
SMITH, MARY               19840  COMMUNITY #1   F   38
EDWARDS,ANITA             19930  COMMUNITY #1   F   39  11/13/01 Smk in Home
POND,SARA                 19936  COMMUNITY #1   F   45  03/01/02 NTU
ISENHART,RENA DAWN        19973  COMMUNITY #2   F   48
WOLFBLACK,LEANNE JANEL    20001  COMMUNITY #2   F   53  04/15/02 305.1; TO-QU
HOGAN,YVONNE BONNIE       20108  COMMUNITY #2   F   55
SWAN,LYNELL LEE           20150  COMMUNITY #3   F   57  06/05/02 Cur Smk/Smkl
WHITEDIRT,REBECCA         20162  COMMUNITY #3   F   60  08/19/01 Prev Smkr; 94
POLEVIYUMA,MARLEE JORD    20260  COMMUNITY #3   F   61
BEARING,JAQI ROSE         3448   COMMUNITY #3   F   69
ROUND,NEVADA RAE          2513   COMMUNITY #4   M   47  09/14/01 Cur Smkr; TO-QU 94
GOODIRON,JEROMY M         26189  COMMUNITY #4   M   59
```

Figure 7-60: Sample Patient List, Indicator J-3.

7.2.32   Indicator J-4: Cardiovascular Disease: Obesity

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease whose BMI can be measured and decrease proportion of patients who are overweight.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator 1: Patients for whom a BMI could be calculated.

Numerator 2: For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

Numerator 3: For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Numerator 4: Total of Numerators 2 and 3, all overweight patients.

Logic Description: GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, BMI within last five years. For over 50, BMI within last two years.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older; for ages 2-18, based on standard tables.

Obese is defined as BMI of 30 or more for adults 19 and older; for ages 2-18, based on standard tables.

Patient List Description: List of patients diagnosed with ischemic heart disease with BMI, if available.

```
      List of Patients diagnosed w/ CVD, w/ BMI, if available

PATIENT NAME             HRN    COMMUNITY    SEX AGE VALUE
-------------------------------------------------------------------------------
NECKLACE,MARY            19765  COMMUNITY #1  F   37  26.12 OV
SMITH, MARY              19840  COMMUNITY #1  F   38
EDWARDS,ANITA            19930  COMMUNITY #2  F   39
POND,SARA                19936  COMMUNITY #2  F   45  24.08
ISENHART,RENA DAWN       19973  COMMUNITY #2  F   48  30.77 OB
WOLFBLACK,LEANNE JANEL   20001  COMMUNITY #3  F   53
HOGAN,YVONNE BONNIE      20108  COMMUNITY #3  F   55
SWAN,LYNELL LEE          20150  COMMUNITY #3  F   57
WHITEDIRT,REBECCA        20162  COMMUNITY #3  F   60  25.48 OV
POLEVIYUMA,MARLEE JORD   20260  COMMUNITY #3  F   61
BEARING,JAQI ROSE        3448   COMMUNITY #4  F   69
ROUND,NEVADA RAE         2513   COMMUNITY #4  M   47
GOODIRON,JEROMY M        26189  COMMUNITY #4  M   59
```

Figure 7-61: Sample Patient List, Indicator J-4

7.2.33   Indicator J-5: Cardiovascular Disease: Exercise Education

> **NOTE:**   This indicator will be included in version 2.1 of the GPRA+ FY03 software, available summer 2003

Indicator Description: Increase the proportion of patients with ischemic heart disease who are receiving patient education about the benefits of exercise.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator: Patients who are provided patient education about exercise during the year prior to the end of the Report period.

Logic Description: GPRA+ uses the following patient education codes to define the numerator.

Exercise	ending "-EX" (Exercise)
	ending "-LA" (Lifestyle Adaptation)
	containing "OBS-" (Obesity)

Patient List Description: List of patients diagnosed with ischemic heart disease and date that exercise education was provided with code, if any.

```
     List of Patients diagnosed w/ CVD, w/ exercise education, if any
PATIENT NAME             HRN    COMMUNITY    SEX AGE VALUE
--------------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 3684    COMMUNITY #1   F   14  10/22/01 CAD-EX
MORENI,DEBORAH J.       3698    COMMUNITY #1   F   25  04/01/02 DM-EX
REDBIRD,SHIRLEY ROSE    10729   COMMUNITY #2   F   28
LONGJAW,SARA H          3575    COMMUNITY #2   F   31  01/14/02 DEP-EX
MEDICINEHORSE,ELOISE    3992    COMMUNITY #2   F   37
MEDICINEHORSE,CRYSTAL   6585    COMMUNITY #2   F   38
LITTLEWOLF,ANGELENA MA  2391    COMMUNITY #2   F   45
NIESEN,MERCI L          2497    COMMUNITY #3   F   51  06/13/02 250.00-EX
FARAWAY,DARLENA MARIA   17430   COMMUNITY #4   F   65
```

Figure 7-62: Sample Patient List, Indicator J-5

7.2.34   Indicator J-6: Cardiovascular Disease and Mental Health

> **NOTE:** This indicator will be included in version 2 of the GPRA+
> FY03 software, to be available summery 2003.

Indicator Description: Identify the proportion of patients with ischemic heart disease who are diagnosed with depression or anxiety.

Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (410.0-412.* or 414.0-414.9). Broken down by gender.

Numerator: Patients in the denominator with a diagnosis of depressive disorders, defined as at least two visits with diagnosis 296.0-313.1 in the year prior to the end of the Report period.

Logic Description: The numerator is defined as at least two visits with diagnosis of depressive disorders (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period.

Patient List Description: List of patients diagnosed with ischemic heart disease with date and code of recent depressive diagnosis, if any.

```
     List of Patients diagnosed w/ CVD, w/ depression diagnosis, if any
PATIENT NAME             HRN    COMMUNITY    SEX AGE VALUE
--------------------------------------------------------------------------------
EAGLESTAFF,AUBREY JANE 3684    COMMUNITY #1   F   14  10/22/01 410.0
MORENI,DEBORAH J.       3698    COMMUNITY #1   F   25  04/01/02 412.1
REDBIRD,SHIRLEY ROSE    10729   COMMUNITY #1   F   28
LONGJAW,SARA H          3575    COMMUNITY #2   F   31  01/14/02 410.0
SMITH,ELOISE            3992    COMMUNITY #3   F   37
MEDICINEHORSE,CRYSTAL   6585    COMMUNITY #3   F   38
LITTLEWOLF,ANGELENA MA  2391    COMMUNITY #4   F   45
NIESEN,MERCI L          2497    COMMUNITY #4   F   51  06/13/02 414.9
FARAWAY,DARLENA MARIA   17430   COMMUNITY #4   F   65
```

Figure 7-63: Sample Patient List, Indicator J-6.

8.0   Glossary

Active Clinical Patients	One of the two basic denominator definitions used by GPRA+. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.3 for detailed description of the denominator.
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
Baseline Year	GPRA+ calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time he or she runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same Baseline Year; otherwise the Area's aggregate report will not calculate properly.
CPT Codes	One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
Denominator	The denominator for an indicator is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Indicators | For IHS, these are performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured. In GPRA+, developmental indicators are identified by letter identifiers, e.g., A. Diabetes and Mental Health.

Device | A device that either displays or prints information.

Enter Key | Used interchangeably with the Return key. Press the Enter key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards are shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.

Entry Point | Entry point within a routine that is referenced by a "DO" or "GOTO" command from a routine internal to a package.

File | A set of related records or entries treated as a single unit.

FileMan | The database management system for RPMS.

FY | Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

Global | In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

GPRA | Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Indicator | Performance measures specifically identified in the IHS Annual Performance Plan to Congress. For FY 2003, the IHS has 40 GPRA indicators in four main categories: Treatment (20), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (6). These indicators address the most significant health problems facing the AI/AN population.

GPRA Report (GPRA+)   In GPRA+, the GPRA Report is a report that only includes clinical indicators from the IHS GPRA performance plan (no developmental indicators). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

GPRA Report to Congress   IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year.

GPRA+   GPRA+ Clinical Indicator Reporting System is a component of the RPMS (Resource and Patient Management System) software suite. GPRA+ provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.

Health Record Number (HRN)   Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' make a unique identifier within all of IHS.

Healthy People 2010 (HP 2010)   HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS   Health Plan Employer Data and Information Set (HEDIS$^{®}$). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

ICD Codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. GPRA+ searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).
Indicator	A performance measure. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans. An example of an indicator is: Maintain at the previous year's level the proportion of eligible women who have had a pap smear documented within the past three years.
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.
I/T/U	Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.

Local Report (GPRA+)	GPRA+ produces reports for each indicator (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the indicator. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.
LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option" as in Select Menu Management option: (the menu's select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
Numerator	The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Patient List	GPRA+ will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.
PIT (Performance Improvement Team)	Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.
QI	Abbreviation for quality improvement.
Quarter Ending (for GPRA+ reports)	Because all GPRA+ reports are based on a minimum of one year's data, GPRA+ provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30). See section 5.1 Run Indicator Reports for Local Use (LOC).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt dates	The date that the party received the information
Receiving Party	The person or organization that is receiving the information.
Report Period	GPRA+ reports analyze and report on a minimum of one year's data for all indicators. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting FY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period.
Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards are shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.

Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much GPRA+ indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Up-Hat (^)	A circumflex, also know as a "hat" or "caret," that is used as a piece delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.
User Population	GPRA+ uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.3 for detailed description of the two denominators.
Utility	A callable routine line tag or function. A universal routine usable by anyone.

Variable | A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

9.0   Appendix A: FY03 and FY04 GPRA Indicators with JCAHO Crosswalk

The table displayed on the following pages provides definitions, indicator leads or "owners," data source for indicator performance reporting and performance targets for each indicator. Additionally this table provides a key to the JCAHO standards that are met by any direct IHS, tribal or urban (I/T/U) facility that tracks and assesses the indicator.

INDIAN HEALTH SERVICE
FY 2003 PERFORMANCE INDICATORS – Final
FY 2004 PERFORMANCE INDICATORS - Submitted
Submitted with FY 2003 Performance Plan, January 31, 2002 and
with FY 2004 President's Budget Request-January 2003 (final revisions to FY03)

① By selecting all or some of the IHS GPRA indicators listed here to track, report on and assess, either with GPRA+ FY03 Clinical Indicator Reporting software or some other automated or manual system, facilities will be in compliance with the following JCAHO standards:

PI 1, 2, 3 4; **LD** 1, 1.1.2, 1.3, 1.3.1, 1.3.3, 1.1.4, 2.6, 4.1, 4.2, 4.3, 4.3.2; **HR** 2.1; **IM** 1, 3, 4, 5, 5.1, 6, 7, 7.2, 7.4, 7.6, 8, 10

② Facilities using GPRA+ FY03 Clinical Indicator Reporting software or other systems to track and assess all or any GPRA clinical indicators also will be in compliance with: **LD** 1.1.0, 1.10.1, 1.10.2, 1.10.3

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
TREATMENT INDICATORS					
Indicator 1 Diabetes Prevalence: During FY 2003, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	**Indicator 1 Diabetes Prevalence:** During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	**LD 1.3** ②	Edna Paisano, OPS/OPH, 301-443-1180 Kelly Acton, OCPS/OPH, 505-248-4182	IHS statistics program RPMS/PCC reports, Diabetes Registries RPMS/PCC reports Preliminary data: GPRA+ Area Reports	
Indicator 2 Diabetes: Glycemic Control: During FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U patients with diagnosed diabetes.	**Indicator 2 Diabetes: Glycemic Control:** During FY 2004, **increase** the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control **by 2%** over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 30% FY02: NA HP2010 <= 7: 40%
Indicator 3 Diabetes: Blood Pressure Control: During FY 2003, maintain the FY 2002 performance level for blood pressure control in the proportion of I/T/U patients with diagnosed diabetes who have achieved blood pressure control standards.	**Indicator 3 Diabetes: Blood Pressure Control:** During FY 2004, **increase** the proportion of patients with diagnosed diabetes that have achieved blood pressure control **by 2%** over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 41% FY02: NA IHS 2010: 50%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 4 Diabetes: Dyslipidemia Assessment: During FY 2003, maintain the FY 2002 performance level for the proportion of I/T/U patients with diagnosed diabetes assessed for dyslipidemia (i. e., LDL cholesterol).	**Indicator 4 Diabetes: Dyslipidemia Assessment:** During FY 2004, **increase** the proportion of patients with diagnosed diabetes assessed for dyslipidemia **by 2%** over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 60% FY02: NA IHS 2010: 70%
Indicator 5 Diabetes: Nephropathy Assessment: During FY 2003, maintain the proportion of I/T/U patients with diagnosed diabetes assessed for nephropathy.	**Indicator 5: Diabetes: Nephropathy Assessment:** During FY 2004, **increase** the proportion of patients with diagnosed diabetes assessed for nephropathy **by 2%** over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 54% FY02: NA IHS 2010: 70%
Indicator 6 Diabetic Retinopathy: (New for FY03) During FY 2003, increase the proportion of I/T/U diabetic patients who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2002 rate.	**Indicator 6 Diabetic Retinopathy:** During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.	②	Mark Horton, PIMC, 602-263-1200	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area reports	New indicator, no previous performance
Indicator 7 Pap Smear Rates: During FY 2003, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2002 levels.	**Indicator 7 Pap Smear Rates:** During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.	②	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02 Not met. Baseline: 43% HP2010: 90%
Indicator 8 Mammography Rates: During FY 2003, maintain mammography screening of eligible women patients at the FY 2002 rate.	**Indicator 8 Mammography Rates:** During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate.	②	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. Baseline: 25% HP 2010: 70%
Indicator 9: *This indicator addressing well child visits has been discontinued for FY 2003.*					

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 10 RTF: During FY 2003, Regional Treatment Centers will collectively achieve at least a 5% increase over the FY 2002 baseline for each of the following criteria: a. % of youths who successfully completed alcohol/ substance abuse treatment at IHS funded Residential Youth Treatment Centers b. % of youth (who completed treatment) who developed an aftercare plan with their appropriate aftercare agency c. % of youth who have this after care plan communicated to the responsible follow-up agency; documentation of this communication must be in the youth RTC record d. % of RTC programs that have a family week opportunity for youth that participate in the Regional Treatment Centers	**Indicator 10 RTF:** During FY 2004, Regional Treatment Centers will collectively achieve at least a 5% increase over the FY 2003 baseline for each of the following criteria: a. % of youths who successfully completed alcohol/ substance abuse treatment at IHS funded Residential Youth Treatment Centers b. % of youth (who completed treatment) who developed an aftercare plan with their appropriate aftercare agency c. % of youth who have this after care plan communicated to the responsible follow-up agency; documentation of this communication must be in the youth RTC record d. % of RTC programs that have a family week opportunity for youth that participate in the Regional Treatment Centers	**CC 4, 4.1, 4.1.1, 5; IM 1, 7** ②	Wilbur Woodis, OCPS/OPH, 301-443-6581	Collected from RTCs by Area BH Coordinators	FY02: Met. Need to get specific baseline data
Indicator 11 FAS Prevention: During FY 2003, maintain the proportion of I/T/U prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women at the FY 2002 level.	**Indicator 11 FAS Prevention:** During FY 2004, **establish a baseline rate for alcohol use** in female patients of child-bearing age.	②	Wilbur Woodis, OCPS/OPH, 301-443-6581	Collected via survey by Area BH Coordinators	FY02: Met. 92.5%
Indicator 12 Water Fluoridation: During FY 2003, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2002 levels for all IHS Areas.	**Indicator 12 Water Fluoridation:** During FY 2004, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2003 levels for all IHS Areas.	**EC 3, 4**	Patrick Blahut, OCPS/OPH, 301-443-1106	WFRS (CDC) and reports from Area Fluoridation Coordinators	FY02: Not met

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 13 Dental Access: During FY 2003, maintain the proportion of the AI/AN patients that obtain access to dental services at the FY 2002 level.	**Indicator 13 Dental Access:** During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.		Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. 27% IHS 2010: 40%
Indicator 14 Dental Sealants: During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.	**Indicator 14 Dental Sealants:** During FY 2004, maintain the number of sealants placed per year in AI/AN children at the FY 2003 level.		Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. All IHS = 227,945
Indicator 15 Diabetes: Dental Access: During FY 2003, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2002 level.	**Indicator 15 Diabetes: Dental Access:** During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.	②	Patrick Blahut, OCPS/OPH, 301-443-1106	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 34% FY02: NA HP2010: 75%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 16 Domestic Violence: During FY 2003 the IHS will address domestic violence, abuse, and neglect by assuring that: a. at least 85% of I/T/U medical facilities (providing ER and urgent care) will have written policies and procedures for routinely identifying and following: • intimate partner abuse (IPV) • child abuse and/ or neglect • elder abuse and/ or neglect b. at least 60% of I/T/U medical facilities (providing direct patient care) will provide training to the direct clinical staff on the application of these policies and procedures c. a standard data code set is developed for the screening of intimate partner abuse in conjunction with the Family Violence Prevention Fund and AHRQ	**Indicator 16 Domestic Violence:** During FY 2004 the IHS will address domestic violence, abuse, and neglect by assuring that: a. at least **65% of medical facilities** (providing direct patient care) will provide training to the direct clinical staff on the application of these policies and procedures b. A standard code set for domestic violence screening **is implemented** into the RPMS data system **c. 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities**	**PE 1.9, 8** ②	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/OPH, 301-443-2038	Collected via questionnaire by Area GPRA Coordinators	FY02: Met a. 85% b. 70%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 17 Clinical IT: During FY 2003, the IHS will continue the development of automated approaches for deriving performance information by: a. Completing collection of baseline data for any performance measures where electronic data collection was implemented in FY 2002 and continue collection into measurement years, b. Implementing additional electronically derived performance measures as their accuracy is proven to be sufficient, c. Distributing semi-automated LOINC mapping tool for IHS's clinical information system to all (100%) I/T/U sites; achieve full local LOINC mapping at 5 sites in addition to the 5 pilot sites.	**Indicator 17 Clinical IT:** During FY 2004 **implement a national program to improve the quality, accuracy and timeliness of RPMS Patient Care Component (PCC) data to support the Agency's GPRA clinical measures by** **a. implementing a regional RPMS PCC 'data quality' assessment training at each regional IHS office** **b. expand the current automated data quality assessment package to include 2 new additional clinical measures**	LD 4.4.3	Mike Gomez IHPES, 505-248-4152	Questionnaire	FY02: Met. 5 sites assessed
Indicator 18 Behavioral Health IT: During FY 2003, improve the Behavioral Health Data System by: a. Assuring at least 50% of the I/T/U programs will report minimum agreed-to behavioral health-related data into the national data warehouse. b. Increasing the number of I/T/U programs utilizing the RPMS behavioral health data reporting systems by 5% over the FY 2002 rate.	**Indicator 18 Behavioral Health IT:** During FY 2004, improve the Behavioral Health Data System by: a. Assuring **at least 55%** of the I/T/U programs will report minimum agreed-to behavioral health-related data into the national data warehouse. b. Increasing the number of I/T/U programs utilizing the RPMS behavioral health data reporting systems by 5% over the FY 2003 rate.	LD 4.4.3; IM 1, 7	Wilbur Woodis, OCPS/OPH, 301-443-6581	a. Indian Health Performance Evaluation System b. Collected via questionnaire to sites by OPH/BH staff	FY02: Met. Need to get actual number IHS 2010: 90%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 19 Urban IT: During FY 2003, increase by 2 sites the number of Urban Indian Health Programs that have implemented mutually compatible automated information systems that capture health status and patient care data over FY 2002.	**Indicator 19 Urban IT: ON HOLD**	**LD 4.4.3; IM 1, 7**	Jim Cussen, Urban/OD, 301-443-4680	HQ Urban Indian Health Programs office	FY02: Met IHS 2010: 34 sites
Indicator 20 Accreditation: During FY 2003, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	**Indicator 20 Accreditation:** During FY 2004, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	**MA 2**	Balerma Burgess, OEM/OPH, 301-443-1016	Accreditation reports submitted by IHS Area Quality Assurance coordinators.	100%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 21 Medication Error Reporting: During FY 2003, the IHS will asses the current practices for reporting medication errors, develop a standardized non-punitive anonymous medication error reporting system and will develop system improvement recommendations to lower the rate of medication errors to improve the quality of healthcare. During FY 2003, the IHS will: a. Establish baseline data for medication error reporting for all IHS Areas using an approved instrument and compare this national data with other national benchmarks. (While this will not be a true medication error rate, it will allow IHS to see improvement in reporting if the number of reported errors increases over time). b. establish pilot sites, in two areas, a standardized anonymous medication error reporting system (Phoenix and Albuquerque)	**Indicator 21 Medication Error Reporting**: During FY 2004, the IHS will asses the current practices for reporting medication errors, develop a standardized non-punitive anonymous medication error reporting system and will develop system improvement recommendations to lower the rate of medication errors to improve the quality of healthcare. During FY 2004, the IHS will: a. **Assess baseline** data for medication error reporting for all IHS Areas using an approved instrument and compare this national data with other national benchmarks. (While this will not be a true medication error rate, it will allow IHS to see improvement in reporting if the number of reported errors increases over time). b. establish pilot sites, in two areas, a standardized anonymous medication error reporting system (Phoenix and Albuquerque)	**LD 3.3.1, 4.4.1, 5, 5.1, 5.2, 5.3;** **PF 3.1;** **TX 3;** **MA 2** ②	Robert Pittman, OCPS/OPH, 301-443-1190	Reports from Risk Management Officers	Pilot on 02
Indicator 22 Consumer Satisfaction: By the end of FY 2003, secure baseline consumer satisfaction rates using an OMB approved instrument.	**Indicator 22 Consumer Satisfaction:** By the end of FY 2004 **improve consumer satisfaction rates by 2%** over the FY 03 baseline.	**LD 1.1.1.1, 1.3.4;** **HR 2, 4**	Ben Muneta Phil Smith, OPS/OPH, 301-443-6528	IHS Consumer Satisfaction Survey	FY02: Met. OMB clearance received

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
PREVENTION INDICATORS					
Indicator 23 PHN Visits: During FY 2003, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2002 workload levels.	**Indicator 23 PHN Visits:** During FY 2004, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.	②	Barbara Fine, OCPS/OPH, 301-443-1840	NPIRS data base IHPES data base GPRA+ Area Reports, IHS Program Statistics Team, and written reports submitted by Tribes using non-RPMS systems.	FY01 Total visits: 383,436 FY01 Home visits: 153,852 FY02: NA
Indicator 24 Childhood Immunization Rates: In FY 2003, maintain FY 2002 levels in the proportion of AI/AN children who have completed all recommended immunizations for ages 3-27 months, as recommended by Advisory Committee on Immunization Practices.	**Indicator 24 Childhood Immunization Rates:** In FY 2004, a. increase the proportion of AI/AN children patients who have completed all required immunizations for ages 3-27 months, as recommended by Advisory Committee on Immunization Practices by 2% over FY 03 level. **b. establish baseline rates for required immunizations for AI/AN children patients 19-35 months**	②	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, OPS/OPH, 505-248-4226	Quarterly RPMS Immunization application reports from Area Immunization Coordinators	FY02: Not met. 78% HP2010: 90%
Indicator 25 Influenza Vaccine Rates: In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	**Indicator 25 Influenza Vaccine Rates:** In FY 2004, maintain FY 2004 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	②	Amy Groom, Epi/NPABQ. 505-248-4226 Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base Preliminary data: GPRA+ Area Reports	FY01: 35% FY02: 31% HP2010: 90%

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 26 Pneumovax Rates: (New for FY03) In FY 2003, maintain the FY 2002 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	**Indicator 26 Pneumovax Rates:** In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	②	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base Preliminary data: GPRA+ area reports	FY02: 17% HP2010: 90%
Indicator 27 Injury Prevention: During FY 2003, implement at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	**Indicator 27 Injury Prevention:** During FY 2004, **maintain** at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.		Alan Dellapenna, OEHE/OPH, 301-443-0097	Reports from Area Injury Prevention Specialists	FY02: 25 sites
Indicator 28 Injury Mortality: During FY 2003, assure that the unintentional injury-related mortality rate for AI/AN people is no higher than the FY 2002 level.	**Indicator 28 Injury Mortality:** During FY 2004, assure that the unintentional injury-related mortality rate for AI/AN people is no higher than the FY 2003 level.		Alan Dellapenna OEHE/OPH, 301-443-0097	National Center for Health Statistics	FY 99: 99.5/100,000
Indicator 29 Suicide Surveillance: During FY 2003, increase by 5% over the FY 2002 level, the proportion of I/T/Us that have implemented systematic suicide surveillance and referral systems which include: a. monitoring the incidence and prevalence rates of suicidal acts (attempts and completions) b. assuring appropriate population-based prevention and interventions are available and services are made accessible to individuals identified at risk	**Indicator 29 Suicide Surveillance:** During FY 2004, **increase by 3%** over the FY 2003 level, the proportion of I/T/Us that have implemented systematic suicide surveillance and referral systems which include: a. monitoring the incidence and prevalence rates of suicidal acts (attempts and completions) b. assuring appropriate population-based prevention and interventions are available and services are made accessible to individuals identified at risk **c. establish baseline rates for adolescent suicide (12-19 yo)**	**PE 6** ②	Marlene Echohawk, OCPS/OPH, 301-443-2589	Area BH coordinators	FY02: Met. Need baseline data

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 30 CVD Prevention: During FY 2003, the IHS will continue collaboration with NIH to assist **three** AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least **one new** AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska) Selected and developed by each local site, consistent with interventions, to be tracked through RPMS: • Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) • Hypertension (% of adults with HTN, % treated, % at goal) • Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes • Tobacco Usage Rates • Number of Clients in Tobacco cessation programs, • Number of people who have successfully quit (Quit = not had a cigarette in a year) • Obesity rates measured by BMI • Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes *Additional* Indicator being tracked by sites: • Monitor number of people who received Medical Nutrition Therapy (MNT) • Numbers and percentages of appropriate patients on preventative aspirin (and +/- ACE-I if diabetic).	**Indicator 30 CVD Prevention:** During FY 2004, the IHS will continue collaboration with NIH to assist **four** AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least **one new** AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska) Selected and developed by each local site, consistent with interventions, to be tracked through RPMS: • Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) • Hypertension (% of adults with HTN, % treated, % at goal) • Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes • Tobacco Usage Rates • Number of Clients in Tobacco cessation programs, • Number of people who have successfully quit (Quit = not had a cigarette in a year) • Obesity rates measured by BMI • Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes *Additional* Indicator being tracked by sites: • Monitor number of people who received Medical Nutrition Therapy (MNT) • Numbers and percentages of appropriate patients on preventative aspirin (and +/- ACE-I if diabetic).	②	Mary Wachacha, OCPS/OPH, 301-443-9531	IHPES data base Preliminary data: GPRA+ Local Facility Reports	FY02: 3 sites started

HP 2010 = Healthy People 2010 Targets   NA = Not available

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 31 Obesity: During FY 2003, begin implementation or continue implementation of all components of the Indian health system obesity prevention and treatment plan developed in FY 2002 that include: a. a multidisciplinary stakeholder obesity prevention and treatment planning group b. a staff development and IT development plan to assure securing height and weight data for all system users to monitor AI/AN population obesity c. an infrastructure to collect, interpret and diffuse the approaches from obesity related demonstration projects and studies to IHS Areas and I/T/Us	**Indicator 31 Obesity:** During FY 2004, begin implementation or continue implementation of all components of the Indian health system obesity prevention and treatment plan including: **a. Each area is responsible for implementation of an area wide, long range comprehensive obesity prevention and control plan** **b. Each area will establish the omission rate of recording the height and weight of its patients; Each area will generate a standard age-specific report of BMIs on children and adults** **c. Area offices will host National and Area trainings among appropriate I/T/U stakeholders that emphasize area wide Obesity Prevention and Control Plans**	②	Jean Charles-Azure, OCPS/OPH, 301-443-0576	NPIRS Preliminary data: GPRA+ Area reports	FY02: Met. Developed plan
Indicator 32 Tobacco Control: By the end of 2003, the IHS and its stakeholders will develop a five-year plan for tobacco control in AI/AN communities.	**Indicator 32 Tobacco Control:** By the end of 2004, the IHS and its stakeholders will have **implemented the identified activities** as specified in the five-year plan for tobacco control in AI/AN communities	②	Nat Cobb, OPS/OPH, 505-248-4132	IHS Program Records	FY02: Met. Implemented plan at 5 control sites.
Indicator 33 HIV Surveillance: *This indicator addressing HIV surveillance has been discontinued for FY 2003.*	***Indicator 33 HIV Surveillance:*** *This indicator addressing HIV surveillance has been discontinued for FY 2003.*				
Indicator 34 HIV Testing: During FY 2003, increase the percentage of high risk sexually active patients who have been tested for HIV and received risk reduction counseling at least 5% above the FY 2002 level.	**Indicator 34 HIV Testing:** During FY 2004, determine the percentage of high risk sexually active patients who have been tested for **HIV at an additional ten sites.**	②	Jeanne Bertolli, CDC, 404-639-8500 Jim Cheek, IHS Epi/NPABQ, 505-248-4226	ID Web	FY02: Met. Baseline data in 3 areas.

HP 2010 = Healthy People 2010 Targets   NA = Not available
IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 35 Environmental Health: During FY 2003, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2002 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	**Indicator 35 Environmental Health:** During FY 2004, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2002 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	**LD 4; EC 3, 4**	Kelly Taylor, OEHE/OPH, 301-443-1593	WebEHRS	19 additional sites in 02
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS					
Indicator 36 BEMAR: This indicator on reducing the BEMAR was discontinued for FY 2002 and 2003 consistent with recommendation by OMB.	*Indicator 36 BEMAR: This indicator on reducing the BEMAR was discontinued for FY 2002 and 2003 consistent with recommendation by OMB.*				
Indicator 37 Sanitation: During FY 2003, provide sanitation facilities projects to 15,255 Indian homes (estimated 3,800 new or like-new homes and 11,455 existing homes) with water, sewage disposal, and/or solid waste facilities.	**Indicator 37 Sanitation:** During FY 2003, provide sanitation facilities projects to **18,150 Indian homes** with water, sewage disposal, and/or solid waste facilities.	**EC 3, 4**	Crispin Kinney, OEHE/OPH, 301-443-1046	IHS Sanitation Deficiency System (SDS) and Project Data System (PDS)	FY02: Met. 21,225 homes

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 38 Facility Construction: During FY 2003, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: **Inpatient:** **Ft. Defiance, AZ –** continue construction of staff quarters associated with new replacement hospital. **Winnebago, NE** – continue construction of the replacement hospital. **Outpatient:** **Pinon, AZ –** continue construction of the new health center, including supporting staff quarters. **Red Mesa, AZ –** continue construction of a new health center, including supporting staff quarters. **Pawnee, OK –** continue construction of a replacement health center. **St. Paul, AK –** continue construction of a replacement tribal health center, including supporting staff quarters. **Dental Units:** Provide dental units on priority needs basis.	**Indicator 38 Facility Construction:** During FY 2004, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: **Outpatient:** **Pinon, AZ –** continue construction of the new health center, including supporting staff quarters. **Red Mesa, AZ –** continue construction of a new health center, including supporting staff quarters. **Metlakatla, AK–** continue construction of a replacement health center. **Sisseton, SD –** complete design of a replacement health center, including supporting staff quarters.	**EC 1, 2, 3, 4 ;** **HR 2;** **LD 1,1, 3;** **MA 2, 2.1, 3**	Jose Cuzme, OEHE/OPH, 301-443-8616	HQ OEHE	FY02: Met
PARTNERSHIPS/CORE FUNCTIONS/ADVOCACY INDICATORS					
Indicator 39 Consultation: During FY 2003, the IHS will improve stakeholder satisfaction with the IHS consultation process by 5% over the FY 2002 baseline.	**Indicator 39 Consultation:** During FY 2004, the IHS will improve stakeholder satisfaction with the IHS consultation process **by 3%** over the FY 2002 baseline.		Dave Byington, OTP/OD, 301-443-1104	I/T/U survey instrument and protocol.	FY02: Partially met

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IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 40 CHS: During the FY 2003 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2002 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	**Indicator 40 CHS:** During the FY 2004 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	**HR 2, 3; 4;** **MA 3, 4** **LD 1.3, 4.1, 2.10, 4**	Clayton Old Elk, DCCRM/OPH, 301-443-2694 Brenda Jeanotte, OCPS/OPH, 301-443-2694	IHS Fiscal Intermediary	FY02: NA
Indicator 41 Public Health Infrastructure: By the end of FY 2003, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters and six of the Area Offices.	**Indicator 41 Public Health Infrastructure:** By the end of FY 2004, the IHS will have completed a systematic assessment of the public health infrastructure for **an additional 3 area offices**		Nat Cobb, OPS/OPH, 505-248-4132	HQ and Area Surveys	
Indicator 42 Cost Accounting: This indicator addressing cost accounting has been discontinued for FY 2003 because HHS is investing in a new unified accounting system and has asked agencies to not proceed in this direction until the IT architecture for the new system is developed and specification are available.					
Indicator 43 Regulatory Compliance: By the end of FY 2003, the IHS will increase by 10% over the FY 2002 level the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	**Indicator 43 Regulatory Compliance:** By the end of FY 2003, the IHS will increase by 10% over the FY 2002 level the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	**MA 3,4;** **HR 3;** **LD 3**	Elmer Brewster, OEM/OPH, 301-443-1016	Survey of IHS hospitals and clinics conducted by HQ	New for FY03

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IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 44 Self Determination: During FY 2003, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by: a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs. b. reviewing all initial contract support cost requests submitted (100%) using a IHS Contract Support Cost Policy Review Protocol to assure the application of consistent standards in order to assure equitable and approvable requests.	**Indicator 44 Self Determination:** During FY 2004, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by: a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs. b. reviewing all initial contract support cost requests submitted (100%) using a IHS Contract Support Cost Policy Review Protocol to assure the application of consistent standards in order to assure equitable and approvable requests.	**MA 3, 4; HR 3; LD 3**	Charles Sockey, OTP/OD, 301-443-1104	CSC Requests and Signed Annual Funding Agreements.	FY02: Met
Indicator 45 Quality of Work Life: This indicator addressing the Quality of Work-life has been discontinued for FY 2003	*Indicator 45 Quality of Work Life: This indicator addressing the Quality of Work-life has been discontinued for FY 2003*				FY02: Not met. 96%
Indicator 46 Nurse Retention: During FY 2003, the IHS will systematically work to improve nurse retention rates by: a. Develop the National Council of Nurses Recruitment and Retention Plan in all IHS Areas and Headquarters. b. Assessing vacancy, turnover and retention rates using the position reports to identify those locations where nursing vacancy and retention rates are most problematic.	**Indicator 46 Nurse Retention:** During FY 2004, the IHS will systematically work to improve nurse retention rates by: a. **Implement** the National Council of Nurses Recruitment and Retention Plan in all IHS Areas and Headquarters. b. Assessing area vacancy and attrition rates, on-line exit interviews, and job satisfaction surveys to include salary and benefits analysis to identify those locations where nursing vacancy and attrition rates are most problematic.	**LD 1.9**	Celissa Stephens, OCPS/OPH, 301-443-1840		New for FY03

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IHS FY03 and FY04 GPRA Indicators: last edited March 20, 2003

10.0 Appendix B: Working with Delimited Files

Sites that want more flexibility than a printed report to be able to rearrange their report data into a different format and perform other types of calculations on the numbers will need to use the delimited file option.

> **Note**: This option is particularly useful for manipulating pages of patient lists so that the user can sort them by any column they want to.

See Run Indicator Reports for Local Use (LOC) for detailed instructions on running a Local report and producing a delimited file.

To produce the file:

1. Type the corresponding letter for your output at the "Select an Output Option:" prompt

   - P Print will send the report file to your printer or your screen. You can also print the report to an electronic file that can be retrieved in Word. Check with your Site Manager.
   - D Delimited Output will produce an electronic delimited text file that can be imported into Excel for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can sorted in multiple ways.
   - B Both will produce both a printed report and a delimited file.

> **Note:** it is recommended that you select B Both until you are familiar with the process.

2. If you select D Delimited or B Both, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 8 characters and will automatically be given the extension .txt. Check with your Site Manager about where the file will be located on your local network.

3. Complete running the report.

To import the delimited file into Excel, perform the following steps:

1. Open Excel.

2. Select FILE, then OPEN from the menu bar.

3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your Site Manager.

4. Ensure that the "Files of type" box at the bottom is set to "Text Files" or "All Files." Highlight and double-click on the name of the text file you want to open.
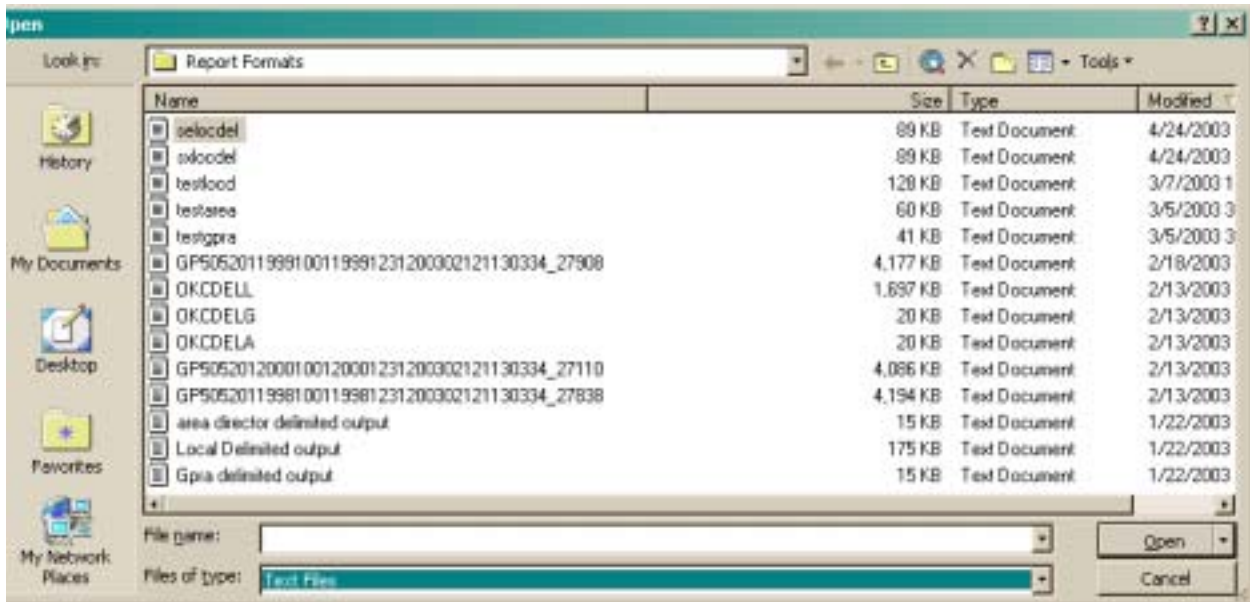

Figure 10-1: Importing the delimited file into Excel (step 4)

5. The Text Import Wizard dialog box should appear automatically.

6. Check to make sure that the "Delimited" radio button is selected for Original Data Type. Click the Next button at the bottom right to proceed.
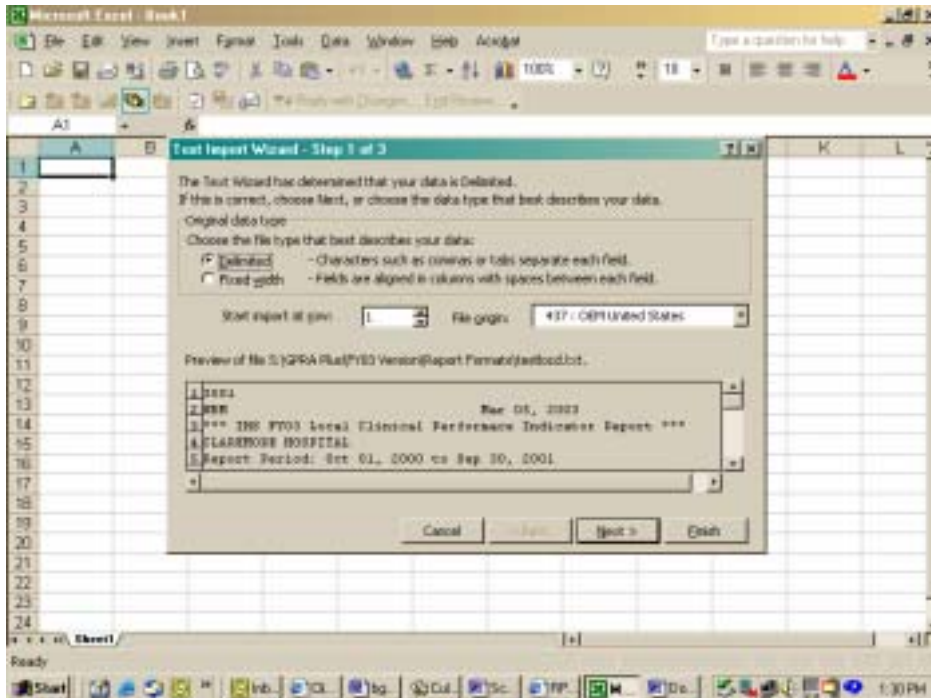

Figure 10-2: Importing the delimited file into Excel (step 6)

7. In the Delimeters box:

   • Deselect "Tab" by clicking the check box off

   • Select "Other" by clicking the check box on

   • Type a caret (^) in the box next to Other. This tells Excel that the file you are importing separates (delimits) the fields with a "^" character.

8. Click the Next button to continue.
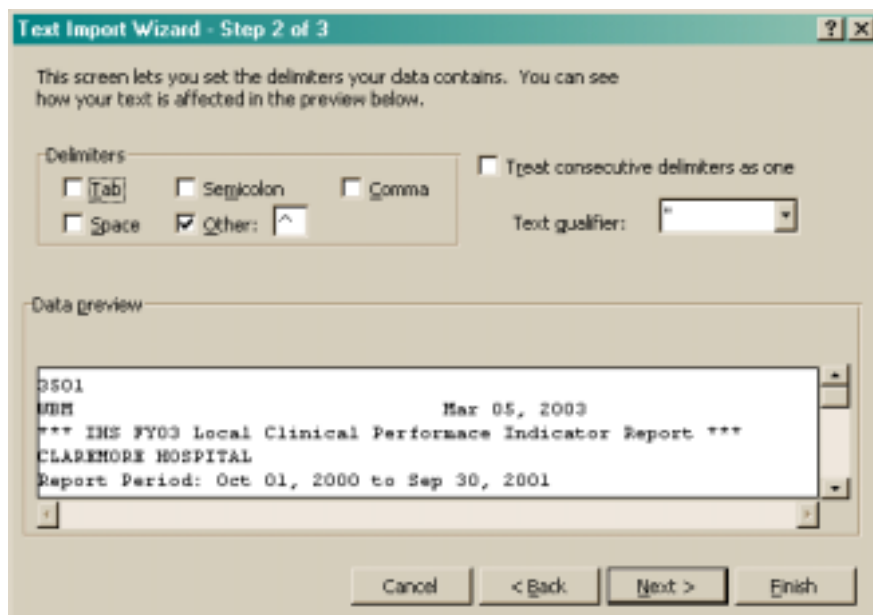
Figure 10-3: Importing the delimited file into Excel (step 8)

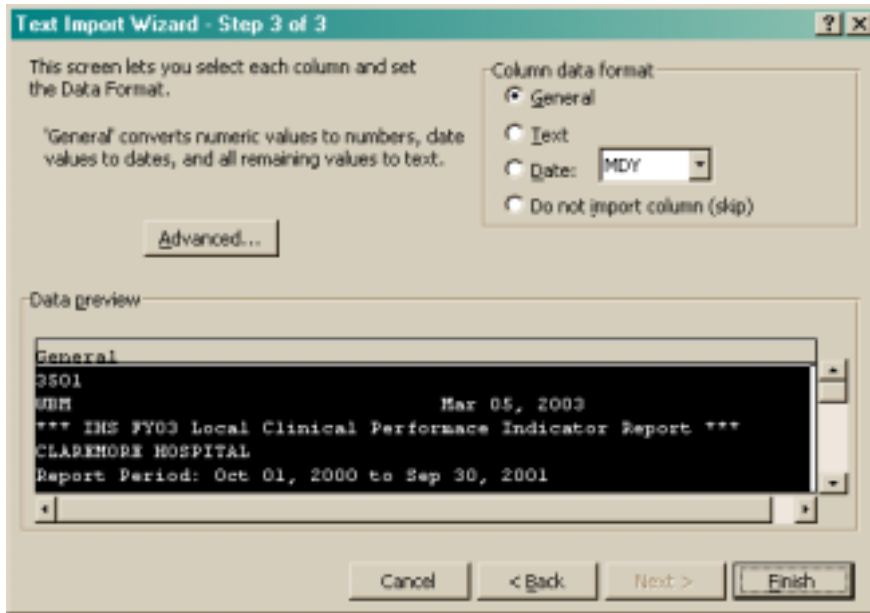9. On the Step 3 screen, leave the Column data format selected as "General." Click the Finish button.

Figure 10-4: Importing the delimited file into Excel (step 9)

10. The file will appear on the Excel screen. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.
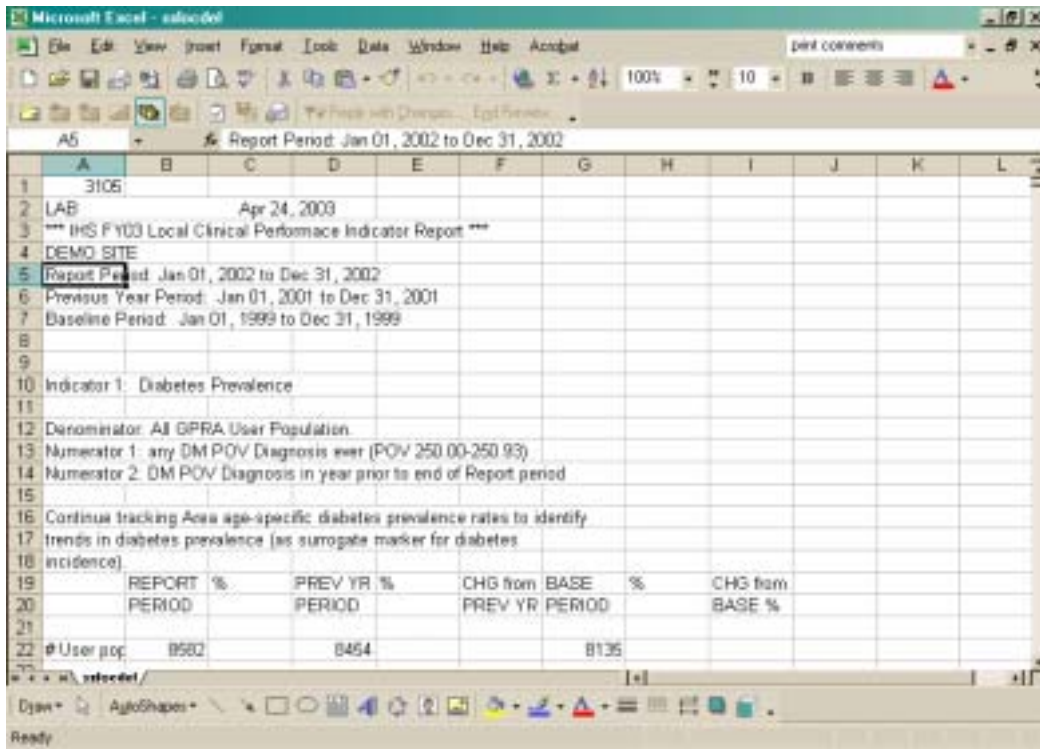

Figure 10-5: Importing the delimited file into Excel (step 10)

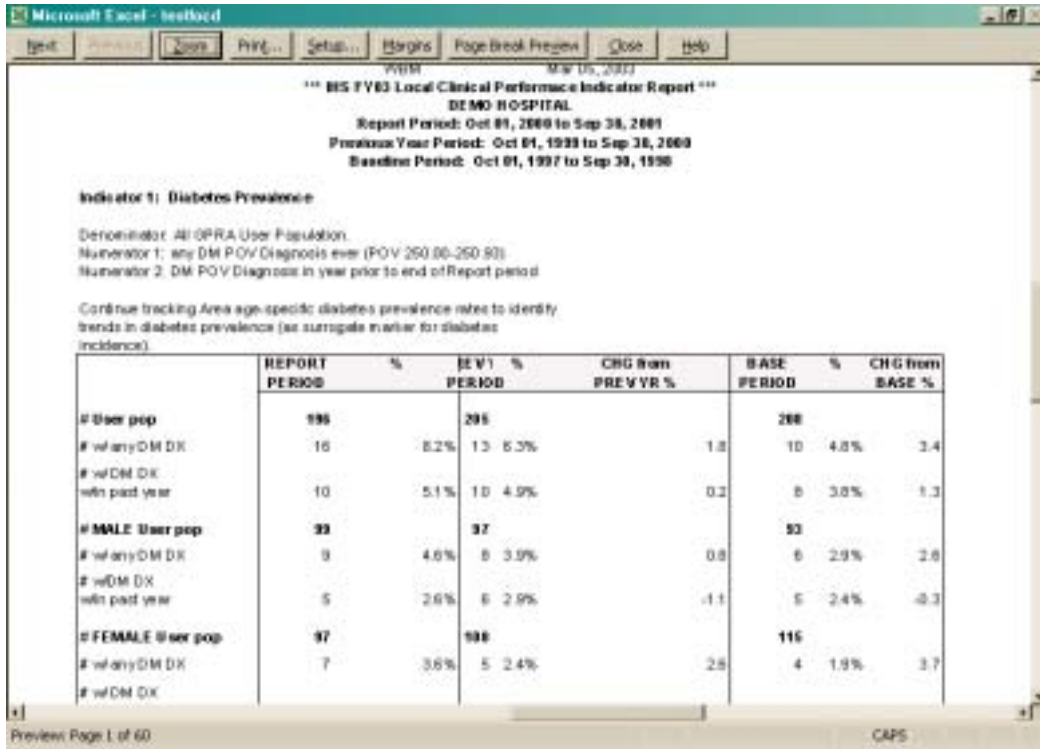11. Below is an example of a spreadsheet that has been formatted.

Figure 10-6: Importing the delimited file into Excel (step 11)

12. See Figure 10-7 for example of patient list imported into Excel and sorted by Age, rather than by Community and Gender.
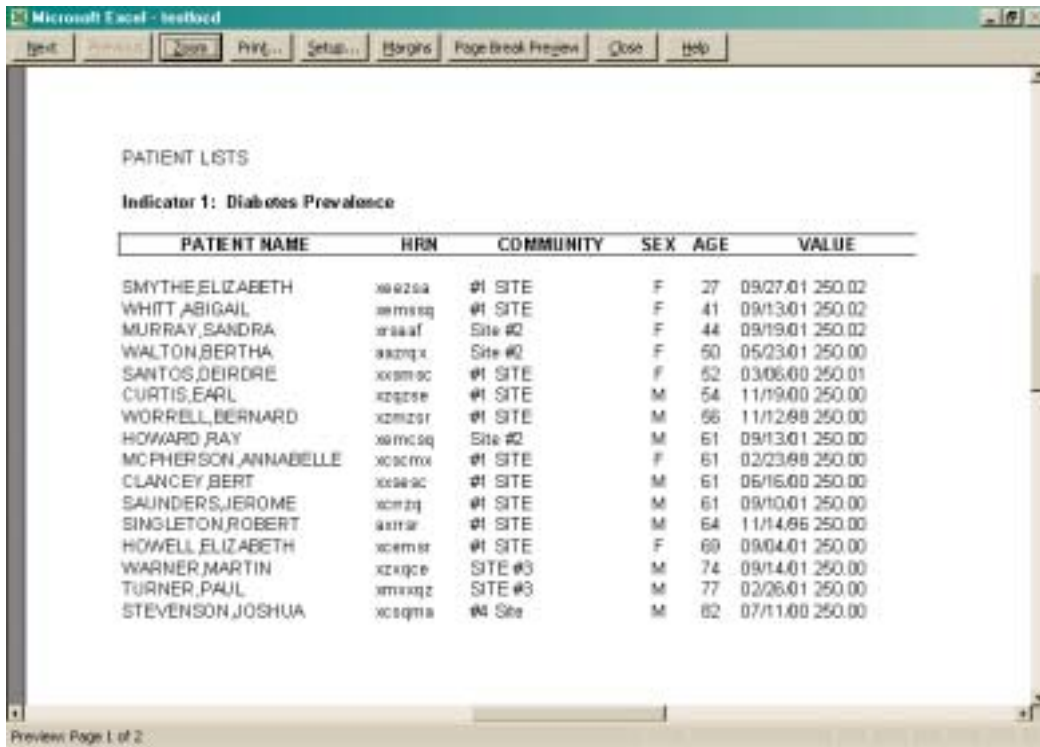

Figure 10-7: Importing the delimited file into Excel (step 12)

11.0   Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

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